



Learning of 20 years of interprofessional education in Sweden: a continuous adaptation to practice

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How can we work together if we do not learn together?



A short background...



Karolinska
Institutet



SÖDERSJUKHUSET

Stockholm University College of Health Sciences merged with Karolinska Institutet (KI)

Biomedical laboratory science including Clinical Physiology, Nursing including specialist training, Occupational therapy, Midwifery

January 1998



Drivers for change - towards IPE:

- Agreement of cooperation in clinical research and education between KI and Stockholm County Council
- Strategic decision to support for IPE in clinical context including funds for development of the concept
- Cooperation with Linköping university that had started with IPE earlier and IPE ward the year before

There were a lot of issues that needed to be solved

Practical/administrative issues related to universities

- Different departments responsible for different programmes
- Differences in student timetables
- Different numbers of students
- Change in curriculum for all involved students groups

Faculty and staff issues related to universities/hospitals

- Lack of previous teacher/tutor interaction
- Lack of knowledge what IPE is
- Different attitudes towards IPE
- Loosing 2 weeks of teaching time to IPE course

Student related issues

- Resistance from medical students e.g. placement during evenings and weekends,
- No previous student interactions - “enough” to cooperate with the real staff of the other professions
- Fear of loosing your professional identity

Health care/hospital related issues

- Fear of less patients treated and for higher costs
- Physicians questioning the value of the 2 weeks on the ward, e.g. less time in the OR, ER
- Fear of how to cover extra costs for team tutoring
- Which clinical department should be responsible i.e. adequate placement for all students and not “too sick” patients

Interprofessional student wards were established 1998

- In cooperation with Karolinska Institutet, 3 Nursing university colleges and 4 University/teaching hospitals in Stockholm County
- placed at Department of Orthopaedics (4 sites)



KUA, Södersjukhuset 1998

Working on IPE Knowledge, skills and attitudes



She spoke the
language of love
but he knew
only Swedish

Interprofessional training ward at SÖS

(Klinisk utbildningsavdelning =KUA)



Teams of students care for 9 orthopaedic patients: 2 medical, 4 nursing, 1 occupational therapy and 1 physiotherapy students (24 students/2 weeks)

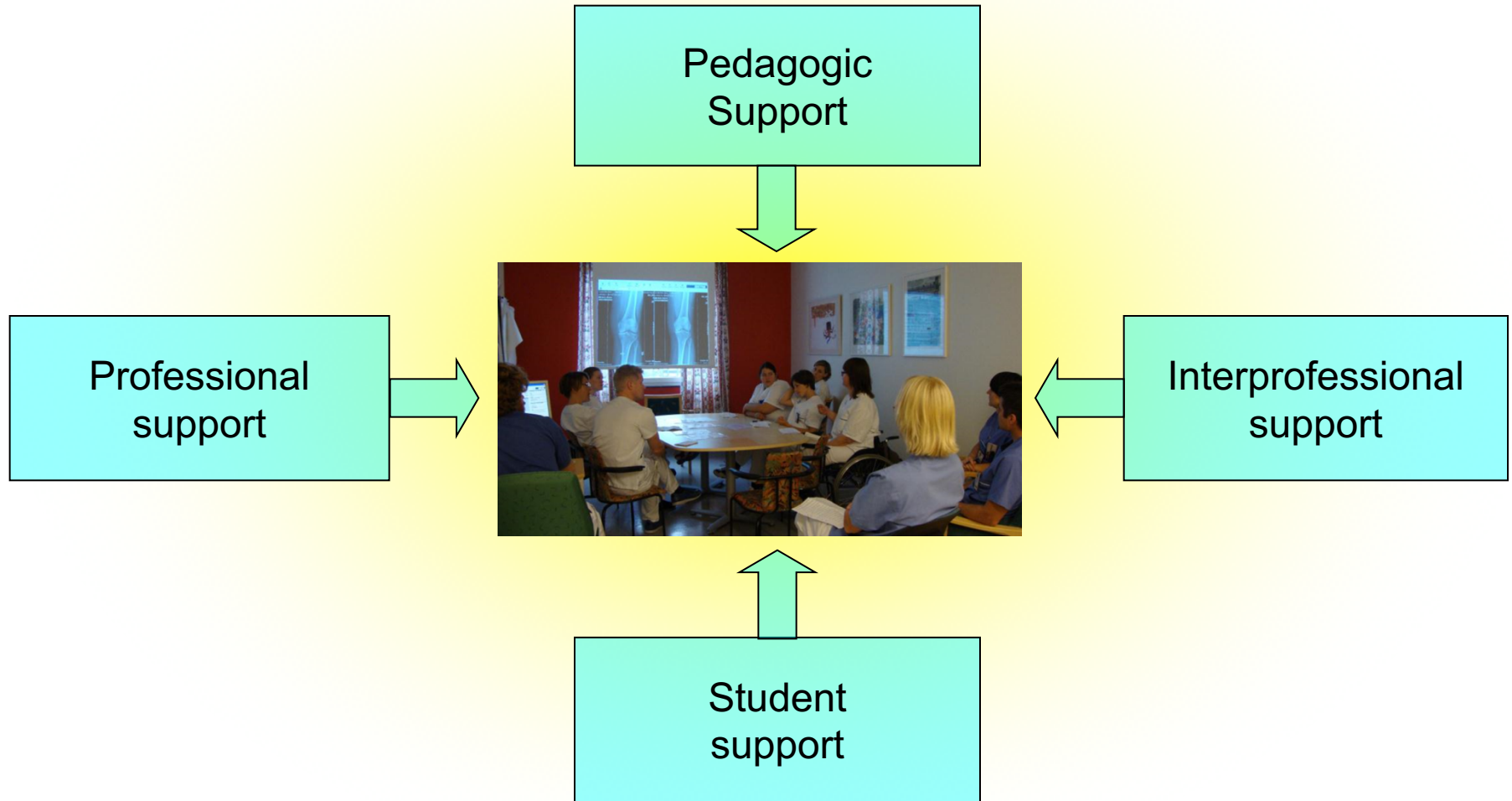
Teambuilding day: Students get to know each other, they solve problems together and present their own professions. Followed by a placement of **2 weeks** (7 working days)

Learning outcomes for all IPE placements for KI students

- The student should be able to analyze and reflect on how interactions between different professions contribute to increased safety and improved health
 - analyze and meet patient needs based on an ethical approach
 - evaluate medical treatment, nursing and rehabilitation given
 - reflect on the competence of their own and others
 - demonstrate ability to interact and communicate with other professions, patients and their relatives and friends



Support for facilitators/supervisors



What about the patients and their outcomes?

- Patients are informed that this is a ward run by students and their supervisors/staff
- Many patients choose to come back for their second, for example, hip replacement!
- More fragile patients are on a regular ward
- Compared to a regular ward
 - Same level of medical care, nursing and rehabilitation
 - Same length of stay
- No adverse events related to care on the ward – students follow the guidelines and work person/patient centred



The first publication on IPE at KI

Med Educ. 2004 Jul;38(7):727-36.

Interprofessional training in the context of clinical practice: goals and students' perceptions on clinical education wards.

Ponzer S¹, Hyllin U, Kusoffsky A, Lauffs M, Lonka K, Mattiasson AC, Nordström G.

“...962 students responded (78%)...The CEWs provided the students with *good clinical practice* in terms of training in their own professions as well in *learning more about the other professions*. The importance of *good communication* for teamwork and for patient care was recognized. The *quality of supervision* and students' *perception of their own professional roles* were important factors regarding satisfaction with the CEW course.”

The first published follow-up on IPE at KI

J Interprof Care. 2007 Jun;21(3):277-88.

Interprofessional training in clinical practice on a training ward for healthcare students: a two-year follow-up.

Hylin U¹, Nyholm H, Mattiasson AC, Ponzer S.

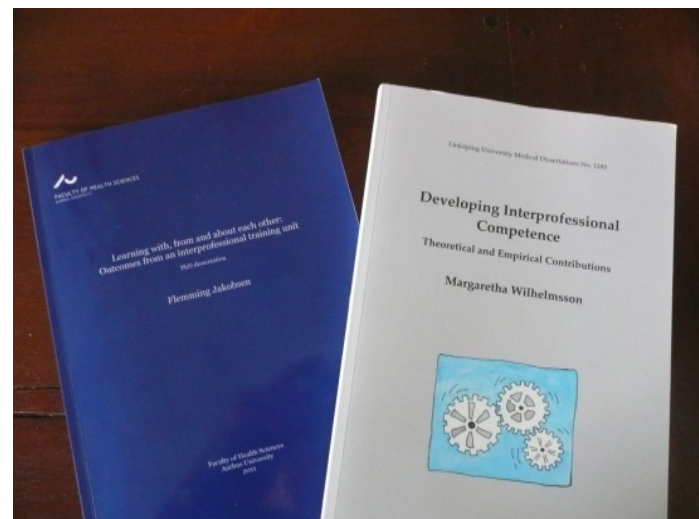
“...most of the former students had lasting and positive impressions... **90% wanted to retain the course...**

IPE during undergraduate education provided lasting impressions that may **promote teamwork in students' future occupational life.**”



Several publications on IPE at KI and others institutions/hospitals since then!

- Wards, teams, simulations...
- Costs: “...*the interprofessional training unit was more cost effective than the conventional ward. No difference was found in complications and patient-reported quality of life.*”



[J Interprof Care](#). 2009 May;23(3):234-41. doi: 10.1080/13561820802602420.

Cost effective interprofessional training: an evaluation of a training unit in Denmark.

[Hansen TB](#)¹, [Jacobsen E](#), [Larsen K](#).

Alternative to clinical IPE ward (KUA) – IP unit at an emergency department (KUM)

- The same IPE goals as in the ward setting
- Team of medical, nursing and physiotherapy students
- Profession specific supervisors
- Different experience - and very popular!

[J Interprof Care](#), 2017 Mar;31(2):199-206. doi: 10.1080/13561820.2016.1250726. Epub 2017 Jan 27.

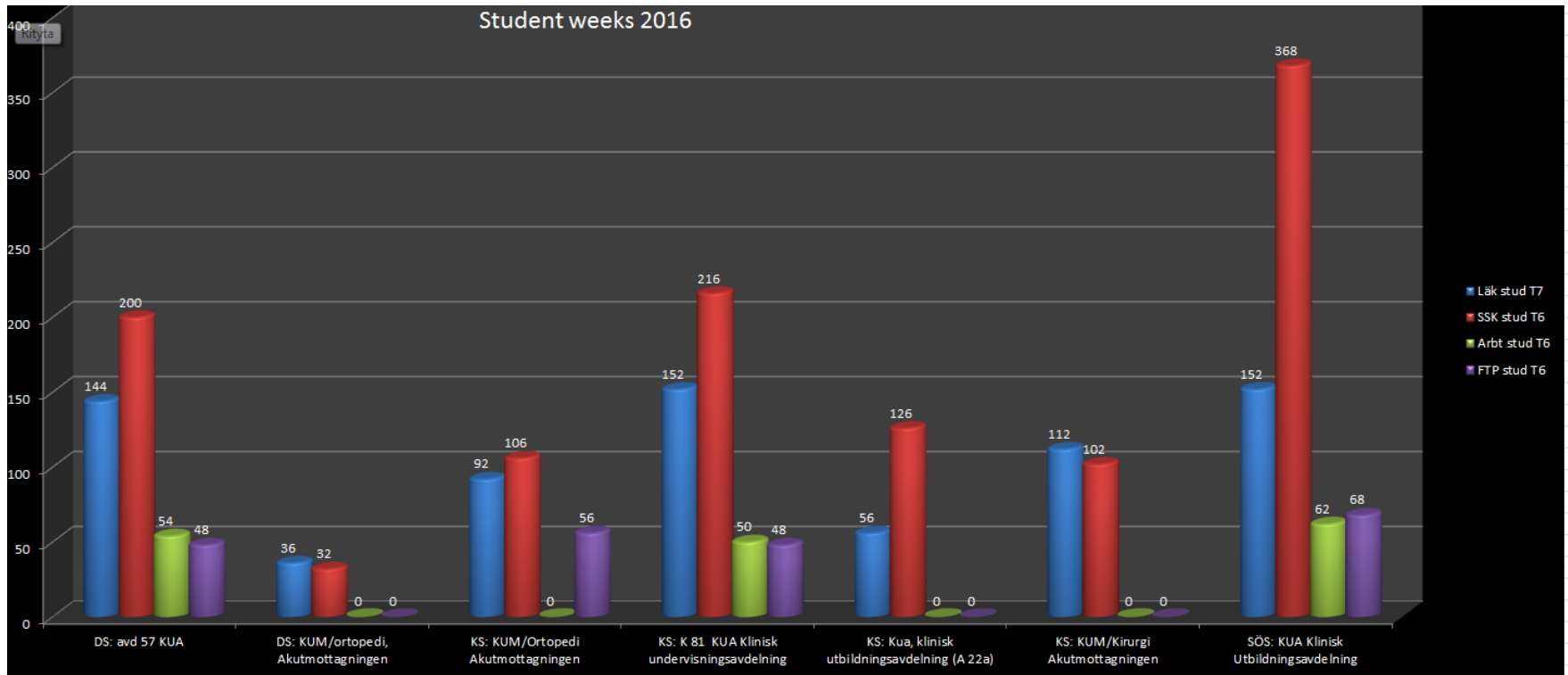
Interprofessional education in a student-led emergency department: A realist evaluation.

[Ericson A](#)¹, [Löfgren S](#)², [Bolinder G](#)³, [Reeves S](#)⁴, [Kitto S](#)⁵, [Masiello I](#)⁶.

IPE activities have become popular

- **“Core IPE”** units – the ones that were (and are) supported by extra funds for development and mandatory for students
 - 3 wards (KUA)
 - 1 emergency room unit (KUM)
- **Other clinical IPE team training**
 - KUM Internal medicine, surgery
 - Primary care, pediatrics, intensive care units, operating room
 - Skills training at Clinical Skills centers (simulation etc.)

2287 student weeks on different IP placements in Stockholm (2016)



Ward

ER

ER

Ward

Ward

ER

Ward

Core IPE marked with bold read

Clinical IPE offers relevant learning experiences

- IPE activities where students can easily recognize the *direct relevance between the educational experience and their current or future practices* have often a more favorable outcome
 - Real interaction around real patients
 - Taking responsibility for your own tasks
 - Having trust on the other students' knowledge and skills
 - Effectively used time during the placement



Faculty play a key role – team work!

- IPE engaged teachers, tutors and champions are the ones that
 - create an environment that is supportive of the goals for IPE
 - facilitate and let the students to act together
 - act as role models – negative attitudes among faculty can make all IPE activities very difficult to accomplish and sustain
- Facilities that allow cooperation and teamwork



After “living IPE” for almost 20 years:

- Changes in health care.... need changes in education!
- Support and directives from the university and health care leaders
- Learning outcomes must be assessed
- Continuous development of the IP concept
- More focus on university faculty and hospital staff development
 - If the teachers/tutors are not “collaborative practice-ready”
neither will the students be

Thank you

