



1-2014

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## Recommended Citation

Vakani, Farhan and Sheerani, Mughis (2014) "assessing interprofessional continuing education and planning ahead," *Pakistan Journal of Neurological Sciences (PJNS)*: Vol. 9 : Iss. 1 , Article 5.

Available at: <http://ecommons.aku.edu/pjns/vol9/iss1/5>

# ASSESSING INTERPROFESSIONAL CONTINUING EDUCATION AND PLANNING AHEAD

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## ABSTRACT

The purpose of this survey is to check the concept of Interprofessional education (IPE) to continuing education among working physicians. It assessed 150 randomly selected working physicians of the Aga Khan University Hospital. One -best type questionnaire was designed and piloted to check its completion within 90 seconds. Four quick questions were dedicated at C1 & C2 level focused to check the knowledge and understanding of the physicians to IPE. The results showed 100% response rate. Majority (i.e. > 80%) of the respondents were familiar with the term IPE. The next three items tested physicians understanding regarding the IPE ability to improve communication, teamwork, healthcare coordination and quality (n=69 i.e. 46%); impact of IPE on patient-centered care and physician care (n=89 i.e. 59%); and its contextual understanding (n=40 i.e. 27%). The study is subject to desirability bias and more over a single university setting restricts the generalizability of the results. The conclusion will alert the CME providers within Pakistan to address physicians' cognitive gaps in this innovative interdisciplinary model. There is no other study of its kind in the Pakistani context and hence is of high interest.

**KEYWORDS:** Interprofessional education; continuing education; physicians; survey

## INTRODUCTION

Interprofessional education (IPE) in continuing education (CE) and collaborative patient-centered practice are keys to building effective teams and for improving the experience and better health outcomes. However, IPE has gained recognition as the core concept of CE and is accepted around the world to provide promotive, preventive, curative, rehabilitative, and other health-related services (CIHC, 2007; Moynahan, 2012). It shares excellent experiential examples and competencies that are required and derives the physician to this collaborative model. Thus, IPE model of continuous learning has often been overlap, variedly defined, perceived and interpreted in many instances both 'within' and 'across' health care professionals and by the providers. World Health Organization has defined IPE as a process of learning together of health professionals from different disciplines for a certain period of time in providing health and or health related services. The Center for the Advancement of Interprofessional Education (CAIPE) has expressed IPE as an approach in which, two or more professions learn with, from and about each other to improve collaboration and the quality of care. Literature shows several definitions and varied competencies of IPE model that are employed by higher education institutions, certifying and accrediting bodies. Given that, there is an immense demand for the researchers and educators within and across health care systems to have a shared and single working definition and common core competencies of IPE for all the disciplines, irrespective of the cultural and geographical boundaries. Operational or working definition as proposed by The Canadian Interprofessional Health Collaborative "Through interdisciplinary education, health care professionals or physicians learn collaboratively within and across their disciplines in order to gain the knowledge, skills, and values required to work with other health care professionals" (CIHC, 2007). Before debating further about the varying type and number of competencies, it is warranted to define and clear the term competency. Evidence solicit competency as the ability to perform, integrating knowledge, skills or attitudes (Vakani, Jafri, Jafri, & Ahmad, 2012). Norman claims it, as beyond knowledge and encompasses understanding, clinical, technical skills and decision making skills for problem solving. Competency data reflects that although well-defined core competencies do exist and are defined and assessed by various health care organizations and higher academic institutions. Nevertheless, they are bounded to disciplines, geographical locations, and varying interpretations. It is important to note that the Pew Health Professions Commission include to some degree the entire major list of core competencies

that are followed by recognized educational or regulatory bodies at global level. Worldwide educationist and researchers propose a mutual agreement of the varied core competencies for a successful model of IPE that will provide a uniform criterion for the entire physician irrespective of the social and geographical boundaries. By creating a shared framework and reaching a consensus on core competencies a right educational environment can be promoted that fosters empowerment, accountability, and performance evaluation (CIHC, 2007). Realizing the dearth of interprofessional education and team based approach to learning and practice, we did this survey to explore the knowledge and interpretation of IPE to continuing education among working physicians. The results of this study will guide in formulating a strategic map and setting future directions to IPE approach to CE and practice.

## **METHODS**

In all 150 physicians engaged in the working environment of the Aga Khan University Hospital were randomly assessed. The site for data collection was selected as it is considered to be the benchmark and largest healthcare provider in private sector of Pakistan. The participation of the physicians was made voluntarily. Keeping in view the busy schedules and clinics of the physicians a very short questionnaire consuming <90 seconds was drafted. The physicians were reassured that the answers would be kept confidential. A drafted questionnaire based on one-best type was piloted before its final implementation, to check its completion within the specific time frame. The questionnaire started with the physician's personal profile that was made intentionally optional. Four core quick questions were designed from the IPE literature. They were dedicated at C1& C2 cognitive level to assess familiarity with the IPE approach to continuing education. The data was simply analyzed statistically and results were interpreted as percentages and numbers.

## **RESULTS**

The results portrayed 100% response rate. The data reflected that >80% of the respondents were familiar with the term IPE (n=126). The rest of the three items designed to check the understanding of the concept of IPE at C2 level showed that majority of the respondent thoughts about the model was uncertain. These three items were mainly focused to check the understanding of the physicians regarding the IPE ability in continuing education to improve communication, teamwork, healthcare coordination and quality (n=69 i. e. 46%); impact of IPE on patient-centered care and physician care (n=89 i.e. 59%); and its contextual understanding (n=40 i.e. 27%).

## **DISCUSSION**

Recognizing the dearth of interprofessional education and team based approach to learning and practice within health care industry in Pakistan, we attempted this short survey to demonstrate the knowledge and interpretation of IPE to continuing education among working physicians. The results of this study will guide in formulating a strategic map and setting future directions to IPE approach to continuing education and practice. Majority (.i.e. >80%) of the physicians correct response to the IPE term, and almost 60% of the physicians agreement to patient-centered care shows their readiness to IPE model to continuing education and practice. They are prepared to accept the challenge of maintaining professional competence through this interdisciplinary approach to teaching and learning. Given that, the collective approach and ability of working in groups has been proven and recognized. These strong responses of the respondents could be due to desirability bias. Nevertheless, the weak responses and understanding of the physicians to IPE such as communication, teamwork, healthcare coordination and quality, and to contextual understanding demonstrates to promote faculty development programs to improve educational competence and understanding of IPE model to education and practice. As a mass benefit to our physician community and for better health outcomes, it is a need of the hour to promote the IPE approach in continuing education that has gained international recognition and is recognized to provide promotive, preventive, curative, rehabilitative, and other health-related services (CIHC, 2007; Moynahan, 2012). The results and recommendations of this survey will alert and give a kick-start to CME providers within Pakistan to address physicians' cognitive gaps in this innovative interdisciplinary model.

## **ACKNOWLEDGMENT**

The authors would like to acknowledge the contribution of Mahnoor Tahir & Saira Bandiali in data collection.

## **DECLARATION OF INTEREST**

The authors declare no conflict of interest.

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