

Interprofessional Collaboration in Multiple Sclerosis Management Course

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Abstract

Interdisciplinary and interprofessional teamwork is essential in the provision of optimized healthcare. Today's patients have complex health needs and typically require more than one discipline to address issues regarding their health status. The division of labor among medical, nursing, pharmacy, and allied health practitioners means that there isn't any single professional who can ensure complete and quality healthcare delivery. Interprofessional collaborative practice has been defined as a process that includes communication and decision-making, enabling a synergistic influence of grouped knowledge and skills. Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals. Currently, Khartoum University located in Sudan integrates interprofessional collaboration with the Professionalism and Ethics course. This article outlines a potential university's strategy to expand upon current interprofessional collaboration practices to include practical integration in other medical courses and other allied health students. The article uses Multiple Sclerosis (MS) Treatment as a case study as it involves medical specialists, specialized nurses, and other paramedical disciplines.

Introduction

Interprofessional education (IPE) refers to setting an educational environment where the students of two or more different professions are exposed to different educational and learning styles, for the sake of developing better team collaboration skills when they work together in one healthcare setting (1). IPE can take place intentionally by creating a well-structured educational framework, strategies, or courses (2). It can happen unintentionally through placing healthcare students in one clinic or hospital which mandates for them to learn together. There are many interprofessional competency models, including the Canadian Interprofessional Health Collaborative and Interprofessional Education Collaborative (3)(4). IPE has five main core competencies which should be considered when designing a competency model, including roles and responsibilities, ethical practice, conflict resolution, communication, collaboration and teamwork (5).

Meaningful student engagement in IPE is crucial to ensure need-based IPE programs and empower students to take an active role in the decision-making process in medical education. Multiple conducted studies show an improvement in students' attitudes towards other disciplines

and teams after attending IPE-related programs (6). However, other results showed that student engagement depends mainly on their own confidence due to the lack of systems support (7).

Neurological diseases management, including Multiple Sclerosis (MS), requires effective teamwork. There is a significant improvement in the attitude of students towards the management of patients with neurological diseases after IPE programs (8). MS management requires a holistic approach; therefore, interprofessional collaboration does not only aim to manage MS patients but also includes the application of lifestyle strategies to improve MS patients' quality of life.

To achieve better patient-centered care for patients with MS, healthcare students should develop competent knowledge and skills about interprofessional collaboration and the necessary medical skills to manage MS. If interprofessional collaboration is applied efficiently during clinical practice, this will reduce costs, burn-out, medical errors and improve clinical satisfaction.

Solution

The solution includes the development of a course about the management of MS through interprofessional collaboration at Khartoum University. The course will be developed and endorsed by the healthcare faculties as one of their main activities.

The first stage to designing and creating such a course is to involve essential stakeholders that include:

1. Faculties of medicine, pharmacy and nursing
2. Respective faculties departments with neurology courses or medical education development centers within faculties
3. Medical, nursing, and pharmaceutical students
4. Patients

The second stage would be to outline, with the essential stakeholders, the **curriculum and related objectives**.

Sample Objectives:

1. To educate the healthcare students about the importance of IPE for better patient-centered care.
2. To educate the healthcare students about multiple sclerosis causes, signs and symptoms.
3. To educate the healthcare students about the role of each profession in the management of multiple sclerosis through practical steps.

Sample Course Modules:

Module (1): IPE and team-based care

Module (2): Overview about multiple sclerosis

Module (3): Management of multiple sclerosis through a holistic approach; the role of different professionals

Sample Methodology:

1. It is planned to integrate the model into the current curricula.
2. Students of health schools will be studying all the parts of the course together.
3. Education methods including interactive lectures, small and large group tasks, discussions, simulations, feedback and evaluation sessions, etc. The facilitators will interact with the participants by providing them with the reading materials, allowing them to introduce themselves to each other, and giving input on their thoughts and views about the course through a set communication channel beforehand. Non-Formal Education will be applied through theory blocks, spaces for reflection, practical application of knowledge, and future opportunities for application of content.
4. By providing the topics before the workshop, it will help the participants to grasp the topics in advance.
5. Interactive lectures, presentation delivered by facilitators using pictures, videos and other types of visual aids to deliver the core information about certain areas. Lectures are used as a basic introduction to particular areas in order to ease the learning process and guide participants towards more advanced parts of the workshop.
6. Simulations that aim to involve participants directly in the situation, which is based on real-life experience. Participants are provided with a unique opportunity to try out a real-life situation in simulated settings, which gives them the possibility to try out knowledge gained through this course. It will give the opportunity to enact a scenario, practice skills around that scenario, and explore the reactions and feedback to it.
7. Working groups and brainstorming sessions with small working groups allow time for everyone to speak and feel involved. In addition, it will help participants brainstorm about many topics and then to share the outcomes of their working groups with the others. Many topics can be discussed more effectively in small working groups.
8. Facilitators will be selected based on their facilitation and content designing skills, in addition to their knowledge about MS.

Sample Outcomes

By the end of this course, participants will:

1. Value the importance of interprofessional collaboration in clinical practice.
2. Develop their own plans in integrating IPE in their faculties.
3. Apply the necessary knowledge and skills in managing MS patients through a team-based approach.

Sample Assessment and Evaluation Methods:

1. Baseline assessment will involve SWOT and stakeholder analysis.
2. Assessment through pre- and post-assessment forms to understand the change in knowledge of the participants about interprofessional collaboration and IPE.
3. Group reflections will be done to collect feedback from students.

4. Evaluation forms will be sent to the students at the end of the course to gather their level of satisfaction and possible areas of improvement within the course.
5. Simulation of management of MS patients will be done by the end of the course to evaluate the students' skills.

Discussion:

As the concept of IPE is not widely applied in medical schools in Sudan, the first step to take is raising the awareness among faculty staff including professors, medical teachers, and curriculum development departments about the importance of IPE, besides discussing the current barriers and obstacles that prevent us from adopting IPE strategies. Most importantly, healthcare students should be aware of the importance of IPE by educating them through different platforms including capacity-building events, consultations with deans of faculties, and the meaningful inclusion of students in medical curriculum committees. One of the major barriers is the unstable educational system that the country passes through due to Sudan's unstable political events. Therefore, the priority for medical schools nowadays is to sustain the current educational process rather than adopting new concepts. Moreover, advocating curriculum departments of two or more faculties will be challenging, in terms of agreeing on common objectives, curriculum designs, tools development, timeline arrangement and training health professionals to deliver the course. Lastly, it is very important to highlight the financial mandates to design effective and efficient courses in light of the low national socioeconomic situation that is reflected in the lack of funds to educational institutes.

Conclusion

IPE is crucial to empower future healthcare providers on respect teamwork and working effectively with other disciplines. MS needs proper team care; therefore it is suggested to introduce a course about IPE within MS. Goal-oriented strategies in terms of capacity building, advocacy, partnership, and meaningful students engagement should be implemented. Effective collaboration between healthcare sciences facilities, students, deans, and curriculum departments is needed to implement this strategy.

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