SOCIAL INNOVATIONS Journal

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Challenges and Strategies in the Construction of an Interprofessional Education Program: Collaborative Practice in the Context of Residency Programs

By Luciana Branco da Motta

The Context and Challenges

The complexity of the demands created by an aging population involves the necessity of an interprofessional approach and an educational process that is adequate for this reality. Nonetheless, interprofessional work and education represents one of the greatest challenges of our time.

Teamwork has been indicated as the basis for facing the challenges of the health care sector in the 21st century. The complexity of chronic conditions and population aging determines the need for changes in the working processes and the building of care networks centered on individuals, and no longer on diseases. However, there

are several challenges to this practice that need to be overcome. On the other hand, gerontology creates a field of knowledge that integrates different professions, creating an exchange and interface zone between us.

In Brazil we have two national commissions: one medical and one of the health areas that guide and supervise the programs. It is not possible to integrate medical programs into multi-professional programs. The undergraduate courses in the health areas curricula still show little development of skills on aging and teamwork. The medical residency has, as a prerequisite, a previous residency in internal medicine. Then, residents arrive with two years of training, while residents of health areas come from their undergraduate studies. The preceptors usually work only with students in their area of expertise and need to be trained to act as field supervisors. The shared theoretical content needs a dynamic balance. Some content must be approached superficially for one group and deeply for other groups of a professional area, due to the differences in the knowledge nuclei of each area.

This program setting was the Elderly Care Center (Núcleo de Atenção ao Idoso - NAI), which was created in 1990 as a service of the University Hospital of the State University of Rio de Janeiro. Since the beginning, it has been based on multiprofessional teamwork, and devoted to comprehensive care for the elderly and their families, considering their singularity. The NAI develops two residency programs, the Medical Residency Program in Geriatrics and the Multiprofessional Residency in Elderly Health, with an integrated program of interprofessional work and education.

Innovation

These experiences can contribute to the debate concerning the possibilities of teamwork in view of cooperation among the various professions.

The NAI counts on a multiprofessional team composed of six health areas: medicine, nursing, social services, nutrition, psychology, and physical therapy, work in an integrated and coordinated way, with a common goal, which is to provide care centered on the user and his or her family, in order to obtain comprehensive care and innovate at work and in the production of knowledge.

The process of integrating the programs within the principles of collaborative work and interprofessional education was built through workshops held over two years in order to agree on the objectives of the program, the profile of the graduates, and the targeted candidate. In addition, there was discussion focused on how to integrate specific programs from different areas and develop collaborative practices, which are the specific competences of each area and those common to all, standard week and scenarios for the first and second year, and the supervision specific for one area and in the fields, program evaluation and student assessment.

First Year Standard Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 to 12	Evaluation of new patients infirmary	Infirmary	Infirmary	Course infirmary	Infirmary	Infirmary
13 to 19	Ambulatory	Ambulatory Health promotion project (PPS)	Multiprofessional study group study group by area	Ambulatory	Neurogeriatrics	

Figure 1

The theoretical and practical activities developed are divided into specific areas as well as their interprofessional ones.

The Preceptors Training Moment

The training of preceptors is essential to strengthening the desired profile and to modularize the integration and construction of bonds.

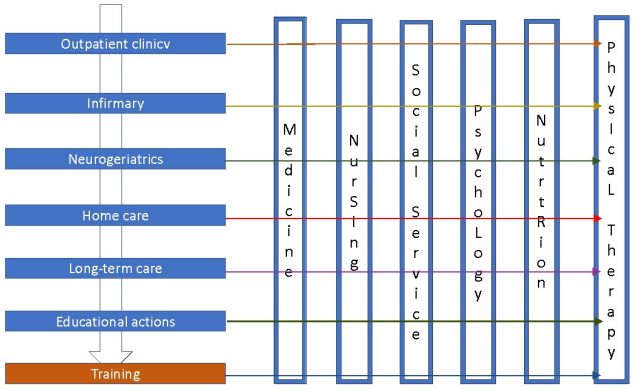


The Organization and Management of Collective Work

To make this construction possible, one shift per week without care activities is guaranteed. In this shift the multiprofessional study group takes place with the residents and specific supervisors by area. In parallel, an administrative meeting (managing council) and the class council (a shared space for student and program assessments) are held according to a schedule established in the annual plan.

The work logic is guided by the search for interprofessional construction, according to a transversal framework, based on the development of the various projects. Each project or practice setting has one or two coordinators who are responsible for the organization and coordination of the participating team, which is composed of professionals and residents from the different areas. The framework by professional area is vertical and allows for interlocution with peer services at the university hospital, guaranteeing a space of supervision and teaching by area of specific knowledge (Figure 2).

Figure 2



The Constitution of the Team of Reference by Practice Setting

Each practice setting has a team of reference: reception of patients, general outpatient clinic, cognitive disorders clinic, infirmary, and health promotion. These teams are composed of a social worker, a nurse, a physical therapist, a doctor, and a nutritionist – preceptors – and one or more residents from each area.

A strategy that was used to guarantee that professionals met with each other and with users is the **interprofessional care planning**. Each patient is monitored by a team of residents and staff, identified by shift. This makes knowledge possible, on the part of the team, about user health needs, guaranteeing care in a longitudinal way.

The use of **interprofessional records** can be considered a strategy for connection and socialization of the decisions made by the team, since in them all professionals find the user's history, from geriatric syndromes,

questions related to dietary dynamics and nutritional state, social needs, and the development and monitoring of the care plans established.

There is a comprehension of care production that favors interprofessional teamwork with the participation of users, family/caretakers, in decision-making with regard to the implementation of the care plan, since it should be the center of the health team's attention and an active part of this process.



Interconsultation

This strategy is necessary for complex situations that require expanded approaches. Such a practice does not involve abandoning professional specificities, on the contrary, it presupposes greater clarity with regard to them, mainly concerning the knowledge and recognition of the role of other professionals in resolving needs. It allows the team to comprehend the situation being monitored and to exchange knowledge, which is fundamental in the learning process and for collective decision-making. In fact, this approach favors team commitment to possibly resolving the situation, in the direction of comprehensive care.

End-Of-Shift Meeting

It is organized together with the team of reference from the shift and from the reorganization of the working process in the infirmary. In the assessment of residents, this is one of the most important spaces for the development of interprofessional teamwork and collaborative practice.

The outpatient clinic is organized in order to have a time secured for this strategy. All schedules have their last time slot set aside for this activity. New situations identified in consultations are also brought to the group, as well as updates of previously discussed cases that have had a return visit.

Case discussions do not occur only at the outpatient clinic. All practice settings have, in their working process, a space intended for this purpose, which can be weekly as in the case of infirmaries and house calls.

Integration Week

Understanding that the arrival of new team members should occur through a gradual approximation to the service, its actions and conceptions, "Integration Week" was created with the central objective of introducing new students in the service, stimulating the sense of belonging to the team. This week occurs annually, inaugurating the

activities. The planning of this week involves a coordinated effort by the team and second-year residents, who together define the activities and their objectives, methodological strategies, and the assessment process. The week is composed of the following activities: reception and individual presentations; a presentation of the service, a presentation of activities and settings; a reflection on teamwork; a presentation of the residence programs; and a closing session with an evaluation.

The Service and Training Program Evaluation

Twice a year, an evaluation of the service and the training program is carried out, involving all residents and tutors. The first assessment focuses on teamwork and interrelational issues, the desired profile of residents and tutors. The second assessment addresses the user's satisfaction, each practice scenario by both students and preceptors aiming to search for problems and build possible solutions and specific theoretical and interprofessional activities.

The residents' assessment takes place procedurally throughout the year, in each scenario or activity of the rotation, with regular feedback being provided by the responsible tutors.

What are the Strengths

We consider that the factors that make this work possible include a multiprofessional work approach that maintains respect for the boundaries of the specificity of each professional category; a protected space for the residents throughout the team work process, the case discussion for care planning in all practice settings, the priority of practical team training, the biannual evaluation process with all of the students and staff together, and the planning of action seeking collaborative work and joint learning.

Author bio

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