



## Interprofessional Articles and Summary of Findings

Charles, G., Bainbridge, L., & Gilbert, J. (2010). The University of British Columbia model of interprofessional education. *Journal of Interprofessional Care*, 24(1), 9-18.

doi:10.3109/13561820903294549

**Summary of Findings:** More research is needed using the interprofessional experience model at the University of British Columbia, which is based on the premise that there are optimal learning times for health and human services students depending on the stage of development as professionals.

Cooper, B. A., MacMillan, B. D., Beck, R. A., & Paterson, M. L. (2009), Facilitating and evaluating a student-led seminar series on global health issues as an opportunity for interprofessional learning for health science students. *Learning in Health & Social Care*, 8(3), 210-222.

doi.org/10.1111/j.1473-6861.2008.00212.x

**Summary of Findings:** The model for interprofessional education in this article is based on focus groups, student reflections and course surveys pre and post seminar series (based on global health). The content of this model was beneficial in delivering interprofessional education.

Deutschlander, S., Suter, E., & Lait, J. (2012). Models in interprofessional education: The IP enhancement approach as effective alternative. *Work*, 4(3), 253-260. doi: 10.3233/WOR-2012-1293.

**Summary of Findings:** There is value in starting interprofessional initiatives on a small scale, such as mentoring, workshops and online discussions. The key objective emerging is to train healthcare providers and faculty to use a shared understanding of concepts in interprofessional education.



Doucet, S., Buchanan, J., Cole, T., & McCoy, C. (2012). A team approach to an undergraduate interprofessional communication course. *Journal of Interprofessional Care*, 27(3), 272-273.  
doi:10.3109/13561820.2012.743978

**Summary of Findings:** This article reports on the processes and outcomes of a team-taught and team-based interprofessional communication course for undergraduate health professions using the interprofessional competencies. It was found this course was a positive experience for both students and course facilitators, and that using the interprofessional competencies enhances the attainment and practice of interprofessional collaboration.

Hammick, M., Freeth, D., Koppel, I., Reeves, S., & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME Guide no. 9. *Medical Teacher*, 29(8), 735-51.  
doi: 10.1080/01421590701682576

**Summary of Findings:** A review, analysis and synthesis of the best available evidence from 21 of the strongest evaluations of interprofessional education was conducted. It was found that measuring key outcomes of interprofessional education enable informed judgments to be made about the impact of the many different interprofessional initiatives. This review shows such work leads to evidence informed interprofessional education practice and policy-making, learner satisfaction and ultimately enhanced patient/client care.

Heath, O., English, D., Simms, J., Ward, P., Hollett, A., & Dominic, A. (2013). Improving collaborative care in managing eating disorders: A pilot study. *Journal of Continuing Education in the Health Professions*, 33(4), 235-243. doi:10.1002/chp.21187

**Summary of Findings:** Evaluation of the impact of a continuing interprofessional educational workshop supports the impact of the workshop in improving knowledge, confidence and attitudes toward collaboration and changing practice.



Humphris, D. (2007). Multiprofessional working, interprofessional learning and primary care: A way forward? *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 26(1), 48-55. doi:10.5172/conu.2007.26.1.48

**Summary of Findings:** This article explores the implications that interprofessional learning may have for collaboration within primary care. It is noted there is a need for more collaboration between professionals, agencies, providers and patients. Findings also revealed that developing capability for interprofessional teams is a means to deliver a flexible and responsive workforce.

Kenaszchuk, C., Rykhoff, M., Collins, L., McPhail, S., & van Soeren, M. (2012). Positive and null effects of interprofessional education on attitudes toward interprofessional learning and collaboration. *Advances in Health Sciences Education*, 17(5), 651-669. doi:10.1007/s10459-011-9341-0

**Summary of Findings:** An evaluation of attitudes of professionals taking part in a 3 hour interprofessional education workshop showed that interprofessional education and interprofessional collaboration attitudes were positive in some domains.

Makino, T., Shinozaki, H., Hayashi, K., Lee, B., Matsui, H., Kururi, N., Kazama, H., Ogawara, H., Tozato, F., Iwasaki, K., Asakawa, Y., Yumiko, A., Uchida, Y., Kanaizumi, S., Sakou, K., & Watanabe, H.(2013). Attitudes toward interprofessional healthcare teams: A comparison between undergraduate students and alumni. *Journal of Interprofessional Care*, 27(3), 261-268. doi:10.3109/13561820.2012.751901

**Summary of Findings:** “The Attitudes toward Health Care Teams Scale” was used to examine if alumni who have studied in an interprofessional education program at a pre-licensure stage maintain positive attitude toward collaborative practice in postgraduate clinical experience. Results showed that students possessed more positive attitudes toward interprofessional education than alumni and that changes in professional identity in a team may be due to contact with patients after graduation. As well, the reduction of attitudes toward healthcare



teams in the postgraduate clinical experience may be related to “team efficacy”. In service interprofessional education may play a role in sustaining attitudes and providing a useful clinical practice.

Meffe, F., Claire Moravac, C., & Espin, S. (2012). An interprofessional education pilot program in maternity care: Findings from an exploratory case study of undergraduate students.

*Journal of Interprofessional Care*, 26(3), 183-188. doi:10.3109/13561820.2011.645089

**Summary of Findings:** This study suggests that pre-licensure interprofessional education programs offered at varying stages of professional development can be effective in cultivating collaborative behaviours provided they are thoughtfully developed, theoretically grounded in learning and social domains and sustained by ongoing interprofessional activities. These conclusions were found by using an exploratory case study approach and a qualitative analysis of the interviews of those participating.

Numer, M., Macleod, A., Sinclair, D., & Frank, B. (2008). Interprofessional education for faculty and staff -- a review of the changing worlds: Diversity and health care project. *Journal of*

*Interprofessional Care*, 22, 83-90. doi: 10.1080/13561820802013420

**Summary of Findings:** Findings from “The Changing Worlds: Diversity and Health Care Project” was designed with the aim of exploring social issues as they arise across the health professions. This project became a well-recognized initiative within Dalhousie University and was well received by a diverse group of learners. Limitations noted were sustainable funding and attendance.

Shea, C. A., & Plunkett, P. F. (2001). Forum for organizational change in health professions education. *Journal of Interprofessional Care*, 15(3), 297-299.

doi:10.1080/13561820120063165

**Summary of Findings:** This article was written on a forum for academic and professional leaders to come together to discuss organizational models and the impact of changes in the academic and healthcare environments on health professions education. The common themes noted were: there is no one model or structure that fits all academic health professions, organization



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changes is only one tool among many to transform health professions education, there needs to be a clear message about the goal and purpose of restructuring academic units, a forceful vision needs to be communicated to maintain confidence, morale and enthusiasm, there is need for outside forces and strong partners to provide incentives and maintain alignment toward the desired change, organizational changes is a long process and takes years to measure the elusive outcomes.

Steinert, Y. (2005). Learning together to teach together: Interprofessional education and faculty development. *Journal of Interprofessional Care*, 19, 60-75.

doi:10.1080/13561820500081778

**Summary of Findings:** A literature review to ascertain the existence of faculty development training programs that foster interprofessional education was evaluated. There are different approaches that must be explored to help faculty prepare students for collaborative practice at each level of the educational spectrum.

Symonds, I., Cullen, L., & Fraser, D. (2003). Evaluation of a formative interprofessional team objective structured clinical examination (ITOSCE): A method of shared learning in

maternity education. *Medical Teacher*, 25(1), 38-41. doi:10.1080/0142159021000061404

**Summary of Findings:** A formative, objective structured clinical examination as a method of interprofessional education was evaluated and it was found that students felt better prepared to deal with the topics that were covered. Also, students felt they had a greater understanding of the role and knowledge of their fellow professionals. It was found this format encouraged positive attitudes to team working at an early stage in professional development.