Experience of interprofessional peer clinical supervision groups: a thematic analysis of a pilot project

Dr Sara McDevitt [1,2] Dr Leo Yoshida[1] Dr Vimmi Passi[3].

[1]HSE National Clinical Strategy and Programmes Division, [2]Dept of Psychiatry U.C.C, [3]Warwick Medical School

Introduction

The WHO has endorsed interprofessional education (IPE) as the cornerstone of collaborative care in the context of greater clinical demand on healthcare on a background of recruitment challenges, rising medical errors and costs (WHO, 2010).

Collaborative care is particularly relevant to eating disorders, which have the highest mortality and morbidity of the mental health conditions and where the needs of patients bridge the traditional divides between mental health, acute medical and primary care teams (Arcelus 2011, RCPsych 2014).

IPE has been found to enhance the implementation of evidence based healthcare, reduce medical errors, and reduce interprofessional rivalry and tribalism (Ferie, 2005). Research within postgraduate mental health services is limited with no robust studies in eating disorder services to date.

Aims

• An exploratory project to examine attitudes towards interprofessional education amongst clinicians working in eating disorder services

•To evaluate the perceived effectiveness of an interprofessional education programme for eating disorders using a case based learning approach with regard to acceptability, feasibility, and barriers

Methods

Subjects

Multidisciplinary mental health clinicians who attended the 2 hour IPE sessions over a three month period. This included 25 clinicians (psychiatry, nursing psychology, social work, speech and language therapy, occupational therapy and dietetics).

Methodology

All participants completed the following:

· RIPLs (Readiness for Interprofessional Education Survey) self-report questionnaire at baseline.

· Learner reaction self-report questionnaire after each monthly 2 hour IPE session (adapted from the DDLS by MacDonald 2002).

· Evaluation survey at 4 months which was completed online via survey monkey. Based on a semi-structured interview instrument by Garrard 2006. This was adapted for this setting and format. This contained the qualitative feedback reported in this study.

Analysis

· Analysis was completed using established thematic analysis methodology as described in Braun and Clarke (2006). A 3-P framework for IPE evaluation was used to interpret the results. (Freeth, 2005)

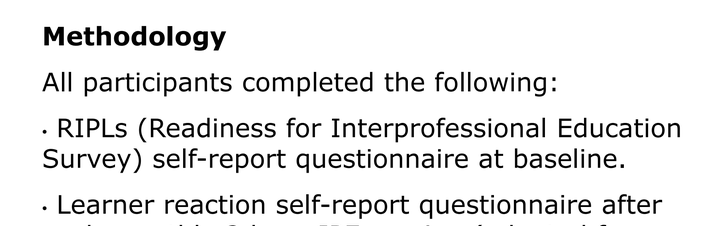

Figure 1: Qualitative methodology

Ethical approval

The project was approved by the Cork Research Ethics Committee

Results

Study Participation

The group as a whole scored highly on the RIPLS, with a tendency of less experienced clinicians to score more highly on the 'Negative Professional Identity' subscale which was statistically significant (p=.0363). Details of this have been reported elsewhere

20 (80%) attendees at the training completed the qualitative evaluation from 6 professional disciplines.

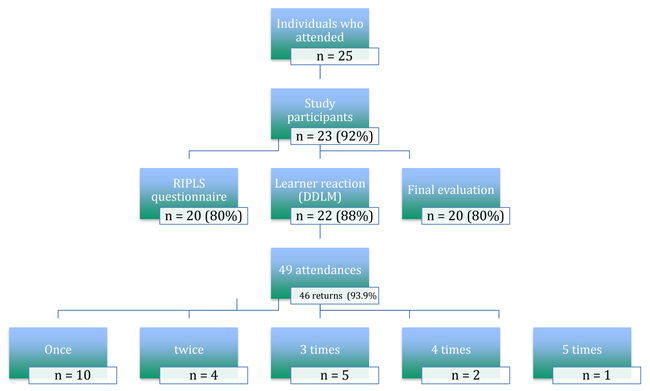

Figure 2: Study participation

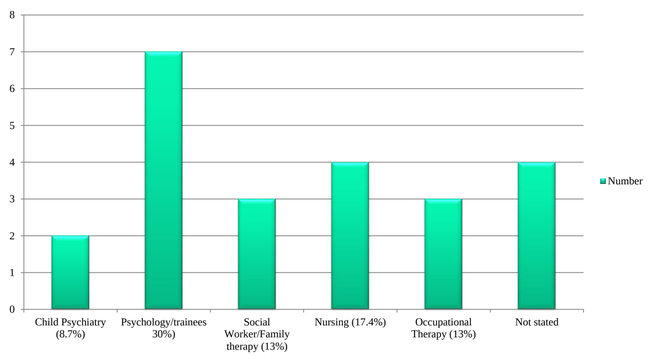

Figure 3: Professional composition of the group

Thematic Analysis

Five major themes and 12 subthemes were identified through thematic analysis:

(1)Perceived learning theme centred on feeling they were developing knowledge about eating disorders, but also about how others managed cases and their roles. A negative of this, was that it was harder for less experienced clinicians to access this.

(2) Collaborative problem solving. This focused on getting advice on complex cases, and the benefits of a case based learning approach in IPE. Some reported it leading to collaboration outside of the sessions, and of feeling supported when working with complex cases

(3) Patient centeredness. Participants valued that the content of the IPE sessions focused on patients, and particularly that they could bring specific patient dilemmas for exploration.

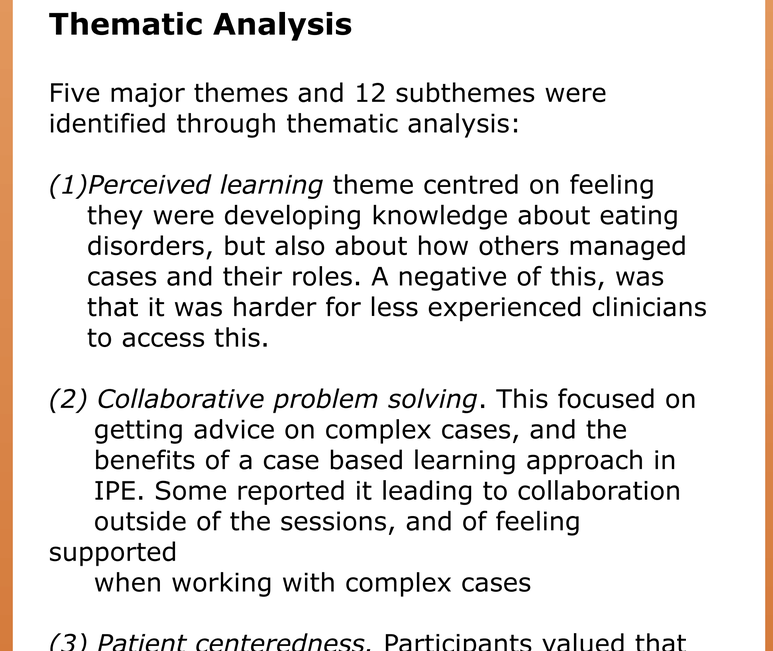

Figure 4: Thematic Map.

(4) Reflection in Process. The IPE sessions offered the opportunity for self-reflection on their own performance both by self and through the lens of colleagues and the literature.

(5) Role and identity formation involved the development of confidence in this specialist area and sharing information more widely as a result, but for some, balancing the identity of their team with that of the eating disorder IPE group, and feeling less supported in this within the wider system .

3- P Evaluation of the IPE programme

PRESAGE	PROCESS	PRODUCT
Context *worked well* - National initiative -Good clinical team support locally - 25 attendees- small group -increase in resources on 5 teams over the timeframe *Challenges/ Barriers* -lack of local management involvement/ connection - No agreed national standard/ curriculum - no protected time/ impact - Completing clinical demands – impact on attendance - 3 teams lost co- workers -Lack of team members to cowork cases- psychiatry	**Approach to teaching & learning** *Worked well* -CBL format led the curriculum -'Reflection in process'' and 'Patient centeredness' Themes - Shared learner/ presenter roles -Non rostering -Organization and participation was rated highly *Negative/ Barriers* - some poor attenders: ? saw it as 'optional' = perception of less important than other responsibilities - As it was CBL, no presentation to circulate to non attenders due to Confidentiality issues- possibly led to a gap in knowledge/ buy in for non attenders ('blind area')	**Collaborative Competencies** *Worked well* - very positive learner reactions to the sessions - Collaborative themes / subthemes emerged: e.g. Feedback from others, Learning from Others, Working Relationships, Peer Support, Reflective Other -Case based learning format strongly endorsed - met their Patient Centred values. -increasing confidence - increased self-reported knowledge about each other's role, and about eating disorder knowledge and skills (Themes) - increase in educational behaviours, reading (motivation increase?) - increased clinical activity- screening, consulting -increase in clinical outcome evaluation -increased communication about case management related to higher attendance/ ED Lead Role *Challenges/ Barriers* - 2 felt they needed more background knowledge to fully benefit - 3 had not enough current cases to practice their learning with - no direct patient outcome was measured e.g. satisfaction, clinical improvement - 2 ' not my specialist area' – did not transfer into practice - in teams with no perceived co- workers >> collaborative competencies could not be practiced
Learner Characteristics *Worked well* -Psychiatry, psychology, social work, OT, Dietetics and nursing all represented - Positive prior attitudes to IPE on RIPLS in terms of teamwork & collaboration -No major prior role uncertainty or role distortion issues *Challenging* -huge variance in experience & seniority -1/3 with no IPE experience >>less positive attitude to Teamwork/ collaborative benefits of IPE for patient care		
Teacher Characteristics -*Worked well* -9 different case volunteer presenters. - Enthusiasm/ motivation: cases volunteered at every session - collaboration sought from co-workers/ other disciplines/ services -the overall Lead (this researcher) had a special interest and experience in IPE/ education &training/ ED in developing the sessions *Challenging* - No specific information about prior teaching, learning conceptions or expertise in the presenters		

Conclusions

• IPE is an acceptable and feasible approach for delivering specialist clinical training in eating disorders to clinicians in mental health services

• It is associated with increased collaboration and communication across traditional boundaries in the interest of patient care and evidence based learning

• A patient centred case based learning approach and joint 'ownership' of the teaching in an adult learning model is key to its acceptability

• Less experienced clinicians may require more support in accessing the full benefits

• Barriers may include support from teams and own profession to value these trainings as highly as their own, and understand the wider benefits for patients.

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