IMPROVING AN INTER-PROFESSIONAL CULTURE IN THE EDUCATIONAL ENVIRONMENT AT AALBORG UNIVERSITY HOSPITAL

HANNE LISBY.

EDUCATIONAL CONSULTANT

PHYSIOTHERAPIST
MASTER IN ORGANIZATIONAL PHILOSOPHY
Background
In 2014 Inter-professional Educational Groups were established all over Aalborg University Hospital.

The vision for the hospital was to improve the interprofessional culture at the hospital, and their strategy was to begin with the students – in the educational environment.
Quite a challenge....

"Culture eats strategy for breakfast".

(Professor Peter Drucker)
Discussions with the clinical supervisors in order to begin the change of culture in the educational environment.

Assessing the current culture:

What shall stay?
What must go?
What is missing?

Envision a new culture:

How can we together contribute to a more interprofessional culture?
We started with: a patient, students and clinical supervisors
Aims for Inter-professional Educational Groups:

1) To increase students ability of defining their own role and the other participants roles - in the shared practice, based on “shared knowledge, shared goals and mutual respect”.

2) To increase the students understanding and the use of their own mono-professionalism in the interprofessional discussions and interventions.

3) To increase the students understanding for the patient’s rehabilitation program – seen from different perspectives and manage real patient-involvement.
Intervention:

Till now:

95 students fra 11 different professions have been actively involved i interprofessional groups i many different settings, ex:

Neurology
Paediatric
Orthopaedic
Rheumatology
Trauma
Haematology
Dialysis
Materials and methods:

A Goal-achievement evaluation questionnaire was answered immediately after the session and registered to a Likert Scale, to which extend they experienced the goals were achieved.
To increase students ability of defining their own role and the other participants roles – in the shared practice:
To increase the students understanding and the use of their own monoprofessionalism in the interprofessional discussions and interventions.
To increase the students understanding for the patient’s rehabilitation program
The students’ spontaneous experiences of interprofessional educational groups

• ”Now it is more transparent what each profession is dealing with – gives more understanding for each other”

• ”It is so good to be included in the whole process”

• ”So good to see the benefit for the patient when we have a coordinated communication”

• ”We make more coherence for the patient this way”

• ”Your interest in my activities, makes me a better professional and a better colleague”

• “Now I see the importance of having shared goals and shared knowledge - we made a great team”
Another result – seen from the students´ comments:

It became obvious that the clinical supervisors attitude and culture towards interprofessional practice should be considered very seriously - due to their impact on the students’ perception of the importance of interprofessionalism .

Being a role-model is not always easy…

Consequence: Now a mandatory special course for all clinical supervisors has been established - in order to improve the culture for interprofessionalism.
The positive results from the students - attending Inter-professional educational groups are now the fundamental frame for working with a change of culture towards improving the collaborative practice at our new hospital!

(Illustration by Konsortium Indigo)
And perhaps the culture is changing?

”I have never felt so much professionalism, engagement and coherence before during my hospitalizations – and they are only students…”

Hanne Lisby. Educational consultant.
Thank You for your attention

Contact: hanne.lisby@rn.dk
References


• Gittel, J.H. *New directions for Relational Coordination Theory.* 6/14/2011 OUP.

• World health Organization. *Transforming and Scaling up health professionals’ education and training.* 2013


• Lee, Charlotte T. *Social capital and relational coordination in outpatient clinics: An interprofessional analysis.* Journal of Interprofessional Care, 2013, 27. 81-87


• [http://www.ipls.dk/](http://www.ipls.dk/)