

Interprofessional Education – Clinicians and Educators together

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Introduction

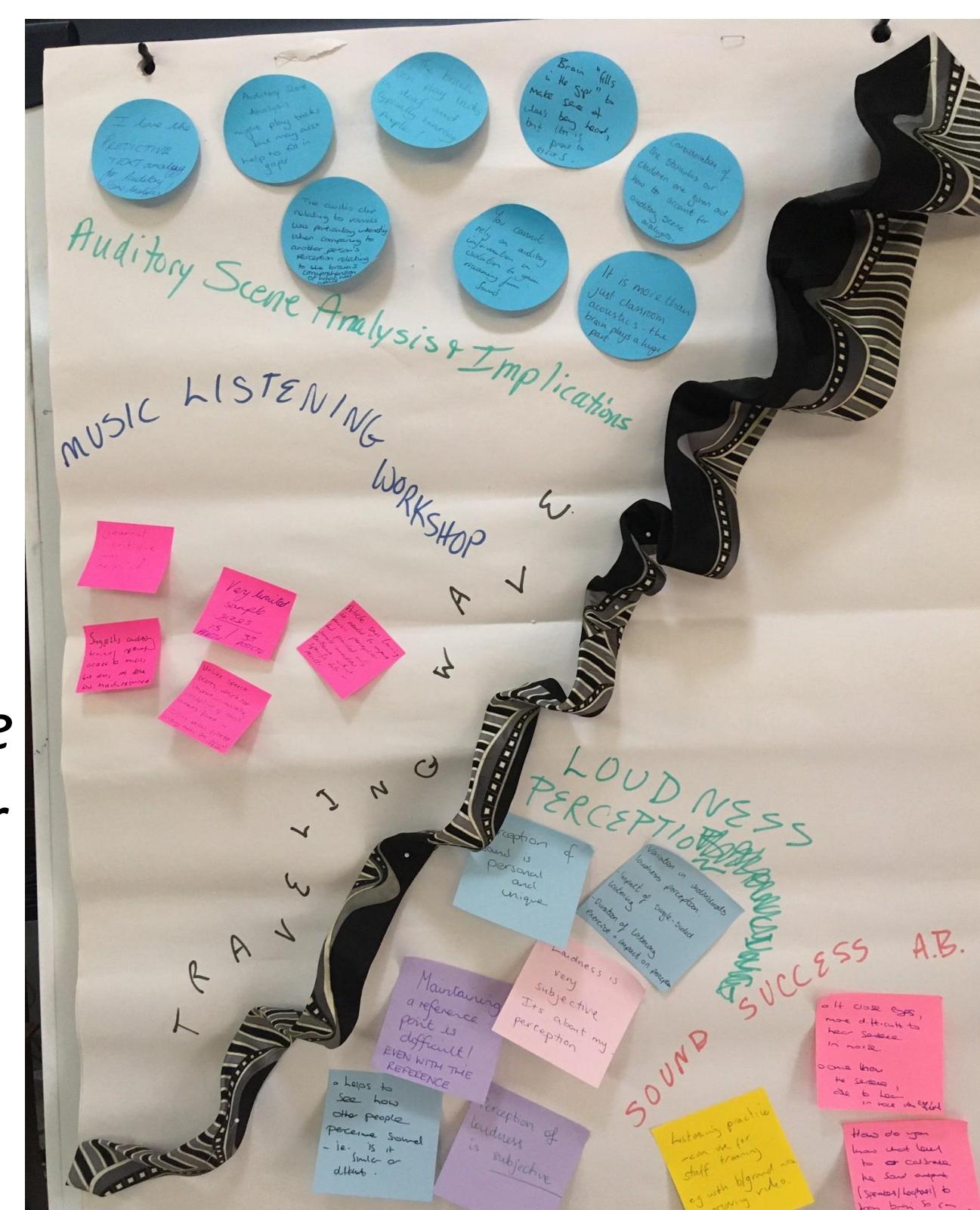
Interprofessional education (IPE) is a growing enterprise, with new catalytic conceptual frameworks (Cox et al, 2018). Dow and Thibault (2017) reviewed IPE with students who ‘leveraged the expertise of each of their disciplines’ to identify and overcome barriers to effective care. One noted the impact by reflecting, ‘This might be the most important thing I did in medical school.’ IPE literature has focused on the health care sector, revealing a gap in evidence of cross-sector IPE (i.e. Education and Health).

Using Education to Strengthen links

Educational and Paediatric Audiology are inextricably linked by their shared goal to maximise outcomes for children and young people who are deaf. Highlighting the need for further links, a Professional Opinions Survey (Rosenberg 2017) indicated the potential for IPE to improve services via shorter-term training opportunities. Modules on the Educational Audiology course at Mary Hare partnered to University of Hertfordshire are now available to take as stand-alone and can be mapped to the British Academy of Audiology’s Higher Training Scheme Paediatric Habilitation M level Module learning objectives.

IPE participants’ comments on this course have included:

- found I had helpful contributions to offer in the interactive nature which stimulated and engaged
- handy pearls of wisdom were immediately clinically relevant to me
- better understanding of the bigger picture for deaf individuals (such as during Psychoacoustics activities Illustrated in photo)
- invaluable shared experiences are powerful learning opportunities.



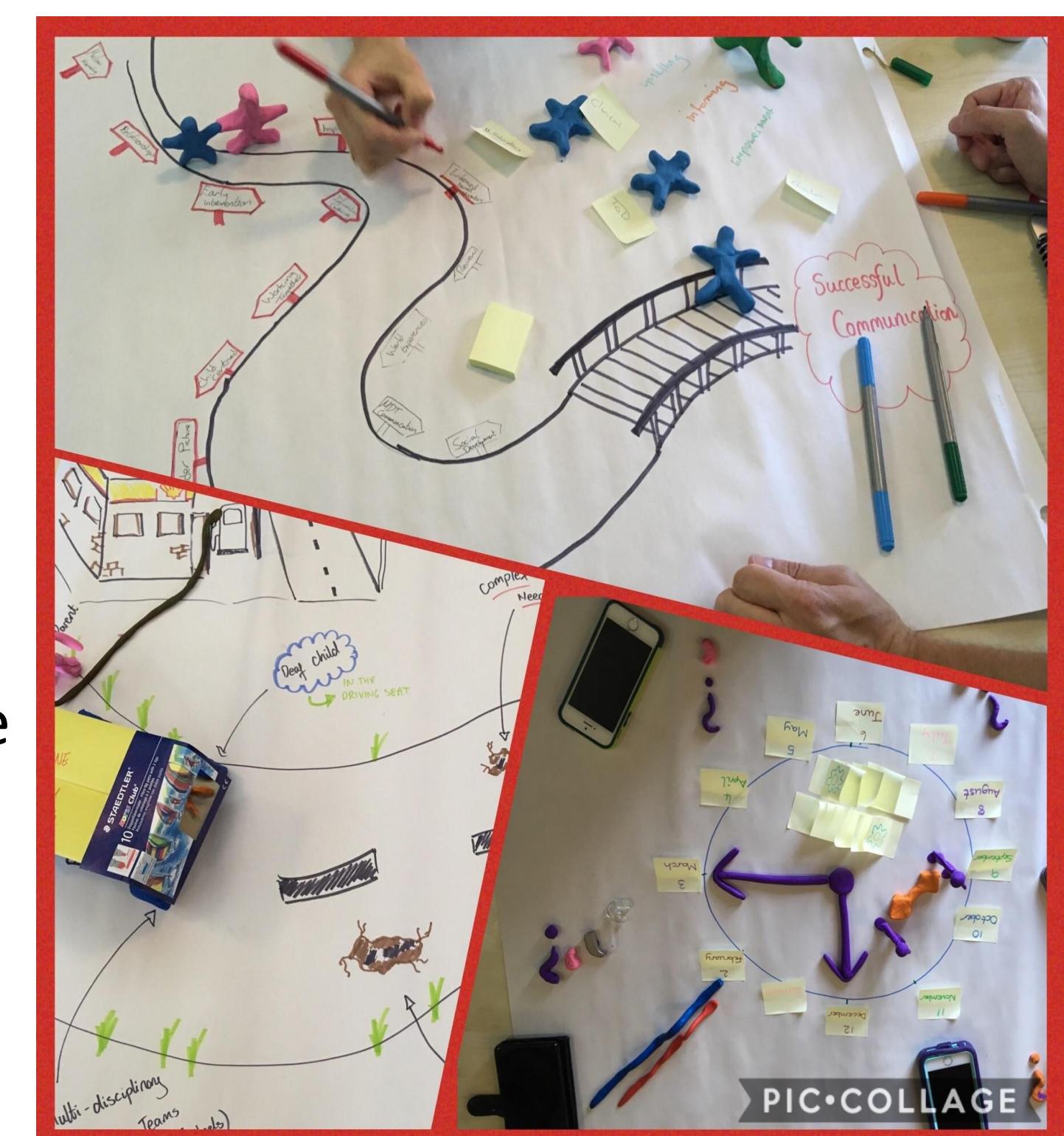
The Pilot Study

IPE pilot study participants, invited from paediatric audiology networks, attended residential study weekends for single modules. They found the curriculum was highly relevant and eye-opening delivered from the standpoint of a parallel profession. Insights will enhance local offers, helping colleagues work together with greater understanding and tailoring complementary roles to build truly family-centred services. Informal discussion and networking was a valuable resource. Parents led a few sessions to share experiences about diagnosis and early Audiology and Education input for their deaf children. This was a powerful reminder that families see our two services, Health and Education, as one package, emphasising onus on professionals to optimise coordinated service delivery. IPE has a key role to play in this.

Reflections on the IPE Experience

Effective communication between educationalists and clinicians is paramount if they are to draw from and build upon the expertise of the other. This requires opportunities to be created for relationship-building between professionals within a local area, and an explicit understanding of common goals. IPE provides space to explore these concepts and to build motivation regarding investing in such opportunities.

A barrier to effective interprofessional communication is the clinicians’ lack of knowledge of resources used by educationalists to assess a child’s progress. IPE sessions of critical review, where educationalists outlined and discussed the benefits and shortcomings of a specific resource were particularly beneficial (see photo). This could be further enhanced by focused conversations on how the information obtained from such resources could affect clinical decisions.



Conclusion

Measuring impact is key, and an important consideration for future research beyond this pilot on IPE with Educational and Paediatric Audiology. Future take-up of modules by clinicians can help enable impact data to be collected, whilst providing opportunities in the moment for participants to benefit from experiences such as those highlighted herein.

References and Websites

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Mary Hare Postgraduate Courses

British Association of Educational Audiologists