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*Clyde R. Willis, Ph.D.
Michael P. Rastatter, Ph.D.
Linda L. Crawford
Colleen M. O'Hara
Holly A. Hoffman*

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*College of Health and Human Services
Bowling Green State University, Bowling Green, Ohio*

AN ASSESSMENT OF THE IMPACT OF INTERPROFESSIONAL
CONTINUING EDUCATION ON INTERPROFESSIONAL PRACTICE

Stephen L. Wilson, Ph.D.
R. Michael Casto, Ph.D.
The Ohio State University, Columbus, Ohio

John R. Snyder, Ph.D.
Indiana University, Indianapolis, Indiana

In recent years the ability of individual professionals to positively impact on their client populations has decreased considerably. Given the critical nature of the issues that must be faced, it has become imperative that professionals must interrelate and communicate more intensively with other professionals to insure competent delivery of services to clients. This interdependence on others seems to apply through all the helping professions. The expansion of knowledge and sophistication of the technology has forced professions to see beyond discipline boundaries to utilize more fully the contributions of other professionals to insure the quality of services delivered. This does not happen without difficulty. With few exceptions the professions have, over time, been able to model their practices in a relatively insular fashion. From this has evolved a disciplinarian territoriality that has created areas of unique domain into which other professions are generally reluctant to enter. With increasingly sophisticated technology and complexity of the problems that must be faced by professionals, professional activity must include a broader perspective. Increasingly there is a need for more integrative approaches to the activities of the professions, and professions increasingly realize that they can no longer work in isolation when the quantity and variety of research, new technologies, and increasing specialization make it difficult to keep abreast of their own professions, much less to provide competent services.

Most pre-professional education takes place in an environment that is purely disciplinary in orientation. A myriad of factors impact on the structuring of academic experiences. Usually the desire to insure that students receive disciplinary content ultimately takes precedent over broadening interprofessional experiences. The result is that many professionals do not have the benefit of an interprofessional experience and do not see the need for it until they enter the profession. The move toward an interprofessional perspective involves several levels of sophistication including (1) the awareness of the need for interprofessional practice, (2) an understanding of one's own professional limitations and (3) the development of skills and knowledge about what other professions can provide for problem-solving and a facility to develop interprofessional contacts. (Houle, Cypert, Boggs, 1987). At this point they may see the need for the development of an interprofessional perspective and may actively seek collaborative relationships with other professionals through community groups, voluntary agencies, etc. The need to know how to interact in an interdisciplinary fashion may also become a strong continuing education function and professionals may avail themselves of opportunities to have continuing education experiences that involve a diversity of professionals. Thus, while some professionals today are able to practice with the benefit of interprofessional educational experiences, others must rely on interprofessional continuing education to develop skills to practice interprofessionally. There are some reports about the need to act more interprofessionally, but little solid data to assess the impact of interprofessional experiences on the attitudes and actions of

professionals (Snyder, 1987). It appears that educational experiences focusing on interprofessional issues can assist later in the practice setting (Spencer, 1987). The impact of continuing education on interprofessional practice has not been researched. The purpose of this study is to assess the impact of interprofessional continuing education on interprofessional practice among a group of diverse professions.

Methodology

The population to be studied consisted of participants attending any of the sixteen interprofessional continuing education conferences sponsored by the Commission on Interprofessional Education and Practice between 1980 and 1987. The Commission on Interprofessional Education and Practice, located at The Ohio State University, was formed in 1972 with four major goals: (1) to address problems which require interprofessional delivery of services, (2) to respond to changing societal problems which challenge the professions, (3) to bring a number of perspectives to bear on complex ethical issues that affect professionals, (4) to respond to changing relationships between consumers and professionals. While many professions may be involved in the issues, the Commission successfully brought together the skills and knowledge of the professions in allied health, education, law, medicine, nursing, psychology, social work, and theology. The Commission conducts several kinds of activities to achieve its goals, however, a major responsibility has been to conduct a series of continuing education courses dealing with critical and contemporary issues that would focus the attention of a diversity of professionals within the community (Snyder, Dunn, Wilson, 1988). The Commission accomplishes this through a number of different methods including study panels, formal coursework and conferences. All of these methods offer significant opportunities for interaction and learning. The continuing education in conferences has consistently brought together large numbers of practicing adult professionals. A possible reason for the success of these conferences is that the topics addressed key issues and problems too complex for any one profession to solve (Browning). The continuing education conferences and topics that were used for the study are as follows:

Spring, 1980 "Chemical Dependence: An Interprofessional Approach to Alcohol and Drug Problems".

Fall, 1980 "Alternative Strategies of Care: Deinstitutionalization?".

Spring, 1981 "Problem Prevention: The Professions and Youth".

Fall, 1981 "Coping with Stress: An Interprofessional Approach".

Spring, 1982 "changing Family Life-styles and the Professions".

Fall, 1982 "Interprofessional Approaches to Human Sexual Problems".

Spring, 1983 "The Parent/Child Relationship in a Changing Society".

Fall, 1983 "Medical Technology: Decisions About Death and Life".

Spring, 1984 "Becoming an International Professional: Collaboration in Action".

Fall, 1984 "Making the Victim Whole Again: An Interprofessional Approach to Violence"

Spring, 1985 "Children's Fears in a Stressful World: Interprofessional Prevention".

Fall, 1985 "Technologies for Creating Life: An Interprofessional Approach to Legal and Ethical Issues".

Spring, 1986 "Growing Older: Serving Families Interprofessionally".

Fall, 1986 "Covering the Health Care Cracks: A Vision for Sharing Professional Responsibility".

Spring, 1987 "Youth and Ethical Choices: Helping Interprofessionally".

Fall, 1987 "AIDS Policy: An Interprofessional Approach".

This survey questionnaire was developed and mailed to all participants attending the above continuing education conferences (N = 1547). Excluding 210, which were returned as non-deliverable, a total of 348 usable questionnaires were returned for a 26% response. The survey gathered demographic information on respondents, questioned respondents on career entry interprofessional educational experiences and queried respondents' perceptions of the value of interprofessional education and practice. Descriptive statistics were used to analyze each of the responses.

Results

Demographic Characteristics

The demographic information on those who responded to the survey is presented on Table 1. The highest number of respondents came from the field of education with social work and nursing next in frequency. The fields of law and allied health work were least represented by the respondents. Nearly 40% of the respondents identified themselves as practitioners while the rest of the respondents were about equally split between being administrators and educators and only a few were identified as volunteers.

Most of the respondents reported an extensive number of years as professionals in their field. Nearly 40% identified themselves as professionals in practice with 10 to 20 years of experience, while 36.2% identified themselves as having more than 20 years experience.

Respondents were asked about their previous knowledge and involvement with interprofessional education and practice. Table 2 shows that over 60% of respondents consider themselves as having taken one interprofessional course and nearly 80% indicated that they have participated in an interprofessional practice situation. Nearly as many (76.7%) indicated that they are aware of at least one interprofessional team that works together to help clients. While the majority of respondents indicated extensive interprofessional experience and knowledge, only 44% of the respondents indicated that after attending continuing education conferences their practice increased.

The participants were asked to respond on a Likert-type scale to several statements regarding the value of interprofessional education and

practice. Table 3 displays means and standard deviations for a number of value-related statements. The respondents gave the highest mean to the statement emphasizing the necessity to utilize interdisciplinary approaches to problem solving. The second highest score indicated the strong views of the respondents that interprofessional activities should be provided within the professional school curriculum. The third highest score reflected the conviction that the professions can promote communication and understanding through interprofessional activities. The fourth and fifth ranked statements emphasize a necessity to integrate interprofessional concepts into professional preparation programs and continuing education programs for professionals. The lowest ranked statements tended to be negatively appraised value statements that further emphasized the positive views of the respondents.

Respondents were asked to identify their perceptions of factors that helped to promote interprofessional awareness and cooperation. Table 4 displays these enablers in rank order of importance. The most important item emphasized the need to provide interprofessional experiences during professional training. Respondents also believed that there had to be strong administrative support for the teaching of these experiences if they were to be successful. High ranking also was given to the need for economic subsidies and incentives to support interprofessional education as well as the need to have peer acceptance among professionals with regard to the importance of interprofessional cooperation. The lowest scores were given to enablers that appeared not to be directly related to professionals developing interprofessional perspectives, i.e., increasing public awareness of existing interprofessional cooperation and a topic-related interprofessional newsletter.

Finally respondents were asked to identify those barriers that they felt were obstacles to interprofessional awareness and cooperation. Table 5 shows the highest ranked barriers as a lack of exposure to the viewpoints of others, lack of opportunities for interprofessional exchange of information, and time demands and professional jealousies or misunderstandings. The lowest perceived barriers were an apprehension that another profession might not value another profession's contribution and differences in problem-solving approaches among professions.

Discussion

While continuing education can be a life-long endeavor that can provide adults with the motivation and the direction that is needed to keep professional values and skills up to date, it appears that the development and retention of interprofessional perspectives and values can be fostered through continuing education experiences. The respondents in this study came from a diversity of professional backgrounds and tended to have spent several years as a professional. The relative dearth of younger professionals in this group may indicate that the need to gain and reinforce interprofessional perspectives may be more apparent among older professionals who have gained wisdom through years of professional practice experience. The broad range of professionals who attended these conferences may indicate the relative strength of interprofessional values among all of the professions.

The relatively high percentages of the respondents who reported that they had been involved in interprofessional activities may indicate that this population had already become committed to interprofessional concepts and had integrated these into their own professional practice. The relatively low percentage of respondents who indicated that continuing education conferences increased their involvement in professional practice

may indicate that the respondents had already achieved relatively high levels of interprofessional activity and a continuing conference did not enhance this activity.

Additionally the relatively high scores of the value statements on interprofessional education and practice indicate that the respondents as a group clearly were committed to interprofessional practice and gave high scores to value statements that reflected this approach. Overall, the high scores of all of these statements indicated the commitment of the respondents as a group.

The respondents also emphasized the importance of learning interprofessional perspectives during the professional program as an important enabler in promoting interprofessional awareness and cooperation. The highest enablers reflected the need to emphasize interprofessional practice during the professional training program as well as providing support for these experiences and further gaining the support of both the administrators and peers for the importance of interprofessional training. The awareness by the respondents of the need for organizational, fiscal and educational support for interprofessional practice seems to again reinforce the strength of the experiences of the respondent population. Similarly, the understanding of the barriers seems to indicate a strong field of experience among the respondent population. The highest ranked barriers further reinforces the practical and realistic outlook of the respondents. The highest ranked barriers tended to focus on the problems of the individual professional due to the development of interprofessional perspectives and practice. The lack of exposure to others' viewpoints, the lack of opportunities for interprofessional interchange, time demands on professionals and professional jealousies and misunderstandings all relate to the practical world in which most professionals must practice. Overcoming these barriers is difficult at best and seems to indicate the need to have a personal commitment as opposed perhaps to an organizational mandate to be able to overcome the barriers to interprofessional awareness.

Summary

This study surveyed the perceptions of participants in continuing education programs in interprofessional continuing education. The study indicated that a diversity of professionals attended these conferences showing a wide commitment to the concepts of interprofessional practice. The study population described a relatively older population that provided strong reinforcement for the importance of interprofessional collaboration in professional practice. It appears also that many in this group already practiced interprofessionally and felt committed to these concepts prior to these workshops. Given the strengths of the responses for many of the value statements, it would appear that these conferences would have assisted in reinforcing and maintaining these value systems which theoretically would carry over into the professional practice setting. Further, the understanding of the respondents with regard to the enablers that would facilitate interprofessional awareness and cooperation as well as the barriers indicate a strong and practical understanding of the professional work setting.

These results should not be generalized among all the professions. A possible sample bias may be evident in that the professionals who attended these conferences could have already strongly developed interprofessional values, thus these continuing education opportunities would have been more attractive to pursue.

Thus, while it appears that continuing education can be an important

reinforcer for the development and reaffirmation of interprofessional concepts, it could be possible that such continuing education programs are attractive to individuals who already have developed interprofessional perspectives and find these conferences confirming and reinforcing their beliefs. It may well be that these respondents, having developed a high level of competence in their fields, are now developing broader perspectives to reach a fullness and actualization in their professional lives. Nevertheless, continuing education focusing on the interprofessional education and practice can be an important way of continuing to disseminate and reinforce these values and commitment as professionals enter and become successful in professional practice.

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Table 1
Demographics of Respondents (N=348)

Professional Area	Frequency	Percent
Law	11	3.2
Education	69	19.8
Social Work	57	16.4
Medicine	50	14.4
Psychology	25	7.2
Religion	49	14.1
Nursing	57	16.4
Allied Health	13	3.7
Primary Work Area		
Practitioner	139	39.9
Administrator	100	28.7
Educator	97	27.9
Volunteer	3	.9
Length of Time in Practice		
Less than 3 years	12	3.4
3 - 5 years	19	5.5
5 - 10 years	51	14.7
10 - 20 years	139	39.9
More than 20 years	126	36.2

Table 2
Interprofessional Education and Practice

Characteristics	Yes		No	
	Frequency	%	Frequency	%
During my professional education, I took at least one interprofessional course.	213	61.2	127	36.5
I have participated in interprofessional practice.	274	78.7	67	19.3
After attending interprofessional continuing education conferences, my involvement in interprofessional practice increased.	153	44.0	182	52.3
I am aware of at least one interprofessional team that works together regularly to help their clients.	267	76.7	74	21.3

Table 3

Philosophical Values of Interprofessional Education and Practice

Values Statement	Mean	SD
An interdisciplinary approach is required today because issues are more complex.	1.44	0.69
Courses in interprofessional awareness should have high priority in professional preparation programs.	1.70	0.73
My professional coursework provided sufficient insight regarding the values perspectives of other professions.	3.26	1.19
Changing societal values do significantly influence the role of the professions in society.	4.22	0.96
An interprofessional approach does necessarily lead to improved client care.	3.31	1.13
Professional associations should take a leading role in promoting interprofessional activities.	1.76	0.74
Professional schools should attempt to deal with ethics or values of the profession.	4.58	0.86
The clinical/practical component of professional school curricula should provide opportunities for interprofessional interaction.	1.58	0.69
Interprofessional cooperation in actual practice is a realistic goal.	4.16	0.78
Interprofessional cooperation can significantly promote communication and understanding among the professions.	1.58	0.73
Most professionals need further training in group dynamics before getting involved with interprofessional teamwork.	2.51	1.03
Professional continuing education programs should include aspects of interprofessional interaction.	1.74	0.65

Table 4

Facilitators to Promote Interprofessional Awareness and Cooperation

Enablers	Rank	Mean	SD
Interprofessional learning experiences during professional training.	1	1.08	0.51
Encouragement and support from administrative personnel.	2	1.12	0.48
Economic subsidies or incentives for interprofessional cooperation.	3	1.12	0.79
Peer acceptance among professionals regarding the idea of interprofessional cooperation.	4	1.15	0.42
Periodic recertification that utilizes an interprofessional component.	5	1.19	0.88
Confidence among professionals in group interaction skills.	6	1.22	0.58
Interprofessionally-oriented continuing education.	7	1.27	0.58
Increased public awareness of existing interprofessional cooperation.	8	1.38	0.69
Topic-related interprofessional newsletter.	9	1.43	0.77

Table 5

Obstacles to Interprofessional Awareness and Cooperation

Barrier	Rank	Mean	SD
Lack of exposure to the viewpoints of others.	1	1.38	0.54
Lack of opportunities for interprofessional exchange of information.	2	1.39	0.52
Time demands.	3	1.51	0.60
Professional jealousies or misunderstandings.	4	1.65	0.64
Difficulty in knowing how to proceed.	5	1.83	0.57
Suspicion that other professions might dominate.	6	1.84	0.71
Lack of knowledge of effective use of groups.	7	1.86	0.62
High degree of specialization.	8	1.90	0.64
Apprehension that other professions might not value my professions's contribution.	9	2.05	0.68
Differences in problem-solving approaches.	10	2.07	0.60