2021 Podcast Series

Podcast 3. Kai Uus. "Towards interprofessional education and collaborative practice: The end of tribalism"

This text is an edited transcript of a recorded podcast.

Hello and welcome once again to a ManCAD / British Academy of Audiology podcast. You might well know that ManCAD stands for Manchester Centre for Audiology and Deafness and that we are located at the University of Manchester in the UK.

I am Gabrielle (Gaby) Saunders. I'm a Senior Research Fellow at ManCAD and I moderate these podcasts.

We always try to address the topics pertinent to the practice of audiology but also want to make sure that they are relevant to audiologists, researchers and anyone interested in hearing and hearing loss.

We will record a new podcast each month each one will be about 20-30 minutes long and we will post the audio recording along with a transcript on our University of Manchester webpages.

You can find information on the ManCAD website.
http://research.bmh.manchester.ac.uk/ManCAD/Podcast/

Gaby: On to today. Kai Uus will be discussing "Towards interprofessional education and collaborative practice, the end of tribalism."   It is a subject she is passionate about - and I am sure that will come across in the podcast

Kai is a Reader in Audiology at the University of Manchester and ManCAD Teaching Lead. Before we go further, I am going to ask Kai to tell us a bit more about her background.

Kai: Hello. I'm Kai a Reader in Audiology. As for my background I'm actually a paediatrician. 22 years ago I came to Manchester to do my PhD and I had absolutely no intention of staying here. But then I got invited to help with the evaluation of newborn hearing screening programme implementation. Professor John Bamford invited me, and I couldn't say no.   I thought I will just stay a couple of more years this is so exciting and well, here I am.

The interesting thing is that this first experience was very interprofessional so I would say that my interest in interprofessional collaborative practice is really coming from that time.

Gaby: Interesting. Well I think we're very lucky to have you at Manchester. On to today's topic of interprofessional education collaborative practice. Before we start discussing the pros and cons (if there are any) I think it'd be really helpful to make sure we're all on the same page as to what we're discussing. So first of all, when you say interdisciplinary education. What do you mean?

Kai: Well that's a really good question. I was actually looking for what those different words mean because there are so many different terms that are being used and I was really interested to understand what the differences are. There are some differences but there is also quite a lot that is being used interchangeably. So I will actually use the World Health Organization definition that "interprofessional education (IPE) is an experience that occurs when students from two or more professions, learn about, from and with each other" and I think it's a really beautifully put definition, this is what I mean when we talk about interprofessional education.

Gaby: And what about collaborative care?

Kai: Collaborative care is when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings.

Gaby: So can you tell me why are they important and how do they relate to one another?

Kai: First of all let's start with the end, so to say. Why collaborative practice is important because actually interprofessional education prepares learners for collaborative practice, and collaborative practice is important because actually, it is believed to lead to improved access to health interventions to improved health outcomes. It makes better use of the resources. It reduces incidents and prevalence of disability. And actually, it has also been shown to increase job satisfaction, reduced stress and burnout of health professionals.

So I think we agree these all sounds like really good things.

Gaby: They do. And so you can't reach that point unless you have the interdisciplinary education in the first place. Where did your passion for this come?

Kai: I am passionate about it, mainly because I'm passionate about the education that we provide to our learners and I believe that interprofessional education is a crucial part of that education. I have a range of experiences. Some of them are bad, and I think it's actually good to have bad experiences as well because then you know what good looks like. The bad ones have been very tokenistic.

It usually has been the case when learners from different programmes just sit in the same room, and tick interprofessional education has been achieved even though I don't think it makes any sense.

But I've also been involved with rather gigantic faculty wide interprofessional leadership workshops that focus on scenarios of critical incidents where students across different programmes have to really meaningfully work as a team and solve problems.

So these are some of my experiences. I have others as well which are more fun and creative I hope we will come back to that later.

Gaby: Have you got any experiences from your time as a paediatrician?

Kai: Definitely I had some, because I think it is impossible to work without working with others. Even if you don't do anything very special to achieve it, you will be working with nurses or physiotherapists, with all sorts of different professionals so yes I certainly did have this experience. I probably wasn't even thinking that it was interprofessional collaborative working, it just was.

Gaby: How about for audiology?

Kai: My interest as a paediatrician is obviously mainly in paediatric audiology and as I said, my experience with different screening teams and the implementation team was beautifully interprofessional, I would say trans-professional experience and I will come back to what that means later.

That was very, very collaborative but also for example. My interest is in auditory neuropathy spectrum disorder. I can't really think of many diagnosis, so to say, that really require more interprofessional collaborative working because, especially when we have children with complex needs, you do need the whole team of different people. And very importantly the family be involved with decision making and supporting their child and the family. But obviously, there are many others in audiology, I think that, you know, for example; in tinnitus, in balance patients, with adults with diverse needs and maybe actually working with the elderly, is probably from the public health perspective, the most important one because the elderly have so many different medical and social and other needs and they all have to be taken into account. So I think there are plenty of experiences and actually I think that audiology is by nature quite trans-disciplinary.

If you think of the academic and professional background of people who end up in audiology, unless they do audiology as their undergraduate course, you have such a wealth of different backgrounds. Look at ManCAD for example, we have a richness of backgrounds, we have engineers and teachers of the deaf and psychologists, neuroscientists and psycho-acousticians and I have medical background. There are all sorts of different backgrounds and they all bring something very valuable to the table.

And don't forget our patient involvement. We have been doing it for a very long time even before we had a fancy label for it.   So I think that audiology is a really sort of collaborative working, it's programmed into the very fabric of Audiology.

Gaby: Do you think in the average clinic is it that they call upon others, or is it that you need a team to manage the individual?

Kai: I think it's a very mixed picture. I know that in paediatric audiology, there are actually those collaborative teams and they have been in place for a very long time.   I know that newborn hearing screening programme team was really pushing for it. I think that it's not to say that it couldn't be better but I think that they seem relatively well, sort of established. In other areas, I think it said the picture is very patchy there are some examples of very good practice. But we also know that there are some areas where it's really a big issue. I remember a couple of years ago we had a really interesting case conference that our clinical doctorate students were doing. They were all talking about balance patients, who are very, quite complex patients, and one theme that came through the whole, all of their presentations, was that not just the lack of collaboration, actually the lack of communication so it was really quite alarming. I think there are some pockets of excellent practice. And there is definitely a long way to go to improve.

Gaby: Before you gave a big list of the pros of interprofessional education and collaborative practice. Are there any downsides?

Kai: I think we should be very wary of tick box exercises I think that happens a lot, especially in the educational domain.

When it comes to interprofessional practice I think there are sometimes different political and structural barriers and hierarchical issues, and they can cause a bit of a problem.

Gaby: Another thing I have read about, and I'm wondering what you think, is when you have a team that it can be difficult if somebody isn't the known leader of the team. And nobody takes full responsibility for the case because nobody is in charge. Is that is that an issue?

Kai: It can be an issue.   I think that there can be, you know, power issues and things like that and that's what I meant about the sort of hierarchical issues a little bit.

Gaby: Another thing I was just curious what you think about. Is where one person's job ends and the next one starts. I guess what comes to my mind right now, and I know it's a hot topic is, who should be doing cognitive screening of elderly and is that inter-disciplinary practice? If audiologists start doing cognitive screening is that outside of what should be done, where does that fit in I'm kind of curious on your opinion on that?

Kai: I think you're absolutely right that there may be some areas where there is almost like a little bit of, I don't know, what's a good word like a competition everybody wants to do that. But at the same time there are also some gaps that nobody wants to cover. So I think these professional boundaries and negotiating responsibilities is a very important sort of competency in interprofessional education and people should understand that.

Gaby: So we know we've talked about this in audiology, I presume it would make sense for providers in all healthcare disciplines to have interdisciplinary education.

Kai: Yeah, I absolutely think so I think it's not only about learning those competencies, I think it's really almost like a philosophical thing that understanding the need to challenge tribalism.

That was something that I thought about it a lot. When I was involved in newborn hearing screening programme. We did a little study looking at sort of interviewing different professionals about what they were doing, but also about their perceptions of other professionals.   I was a bit surprised, maybe I shouldn't have been, but I was a bit surprised how there was this underlying, almost like they, whoever they were other group, other tribe, don't do as much and don't know as much. So, I was quite surprised that there was this underlying, we are the only ones who are having to work really hard and know what we are doing and others aren't.   I'm exaggerating a little bit to make the point because

nobody said it quite as bluntly as I just did. But I think this is really something worth thinking about and I have thought about it, especially in the education setting, is that sometimes when people are talking to the students we make either little comments or little jokes about some other professions, and we don't mean anything bad it's just a little comment. But I think we should be a little bit more wary of that.   I think this kind of thing, we do impact how our students are seeing other professions and that maybe quite a small thing but students do pick up on that we enculturate them into tribalism and I would very much like to challenge especially people who are educators to not do it.

Gaby: Actually while we're talking about students in education. So as a teaching lead for ManCAD I'd love to ask you about your experiences with inter-disciplinary education and you did allude to it a bit earlier. How's it done at University of Manchester?

Kai: Actually what I thought when, when you said that you wanted to talk to me I was mainly focusing on this Faculty-wide interprofessional leadership training that we do, because that's what I see as a very traditional conventional way of doing it, it's very grand. It's sort of focusing on those different critical incidents, I think it's when it's working well it's actually really quite a lovely experience to be part of. But then when I started thinking I thought, gosh I have actually quite interesting other experiences, and one of the most fun things that I've been involved in was interprofessional workshop on conflict management, with scientists training programme, students from different specialisms, and it was an absolutely amazing transformative experience, even for me even though I was a facilitator there it really I would call it life changing it was just absolutely wonderful. It was a whole day workshop, we were working with somebody who is a professional conflict resolution expert, and then all these different students from different specialisms were working together for the whole day.

Gaby: How did the fact they were from different specialisms play into the conflict resolution?

Kai: Because we were talking about different situations that were, you know, where conflict could happen in a clinical setting and because the students had already been working clinically, they could bring some clinical experience into this workshop, that was very, very helpful.

Remember the students that we have are really completely different. We have students, who are specialized in all sorts of clinical science fields that are lab based, we have patient facing trainees. It's really quite interesting to bring these learners together because they start off with very different expectations. And when we first started very often, for example, biochemistry trainees would say we don't do people. It was actually quite interesting to get to the point when they realize well hello, you are people and your colleagues are people. Surprise, surprise, you do people.   Having these conversations all together is really quite an interesting experience for everybody. Then what has been equally interesting is interprofessional learning that we do with our clinical doctorate students, where we mainly focus on patient public involvement and engagement, and how to consult public about big changes in clinical services, in science.

That again is a very interesting experience because we have a wealth of different students from different backgrounds and they have very meaningful conversations on how they communicate their science, their specialism, to public in general, to the patients and then they bounce ideas from one another because of their different experiences. They come to this day with very different expectations and very different experiences, and then together with Professor Cynthia Morton we run a workshop where students do a play and bring out their inner thespian. That's about the dilemmas around genetic screening; they play roles of different health care providers, politicians, parents, stakeholders. And then there is quite a vigorous debate at the end and again they bring their own experience because remember the clinical doctor students usually are quite experienced.   Many of them are quite experienced clinicians, so it's a really vigorous debate and actually pretty cool.

One more thing that I wanted to say that I was thinking about. Recently we've also done MSc dissertations that have been supervised by people; a good example is an audiologist and teacher of the deaf, and they supervise students who work as a tandem. One of them is an audiology student and other a deaf education student. And that sort of collaboration is also extremely valuable for students.

Gaby: I'm going to just bring it back to something that I know you mentioned earlier about patient safety incidents interdisciplinary. For people who don't know what you were referring to, can you describe that a bit.

Kai: It's probably one of the most common ways of doing interprofessional training is sort of giving students either some sort of realised simulation, role play or in our case it is a critical incident. Where mistakes have been made by different members of the team. There are issues that are relevant for all the different professions that are represented in this interprofessional training session and then they have to work together to figure out what went wrong.

Most importantly, what could be done in the future to avoid these kinds of problems and that's, I think, a really nice way for students to work together and they have to ask about each other's professions in order to make sense of this critical incident.

Gaby: That seems a very concrete way of getting a point across kind of thing.

Kai: And that's what we do with undergraduates. The other examples that I was talking about are either with postgraduates or doctoral students and then you can be I think a little bit more creative. I think with undergraduates it's better to have a very concrete way of going about it.

Gaby: Have you had the opportunity look at the outcomes of these kind of classes?

Kai: Well that's a really funny one because, even when we did this interprofessional training for those undergraduate students we did a little, sort of, we even wrote it up.

It was published in some kind of Pharmacy journal. But that mainly looked at the perceptions of the students. It didn't really address how beneficial it is. That is why, if you look around in the literature, then actually the evidence is let's be completely honest is relatively poor, that's not to say that there isn't benefit, but it's not a very trivial thing to measure it, so I would say that it would probably be for all sorts of different reasons a good idea to promote a culture of trying to assess the benefit.   I think that sometimes people don't really put a very high value on interprofessional education. If we could actually see the benefits of that it would be much easier to convince people that it's a worthy thing to invest into.

Gaby: How about the next level when students have graduated. Do you have any feel for how healthcare professionals get to apply this kind of knowledge?

Kai: It's very commonly used not only with students but with people who are already working in healthcare. In some ways the examples that I brought with the clinical doctorate students, they have all been working clinically for quite a while, some of them for, you know, many decades.

But I know that trusts are often organizing different interprofessional education training sessions. I think it is definitely something that should be part of continuing education because things are changing all the time; the needs and their expectations are changing all the time so I definitely don't think it is something that we do it once for undergraduates, then we can tick it off and forget about it forever, that should be an ongoing process.

Gaby: Have you got any sort of tips or suggestions for someone who's listening who is either an educator, or maybe a head of a clinical department, how they could kind of initiate or promote collaborative practice.

Kai: I would like to come back to this tribalism.   I know I'm sort of a bit repetitive but I think that we should all challenge our, I think tribalism in general is an interesting phenomenon in the society, but let's put that aside for one moment, I'm talking about professional tribalism and I think this is something that we should all think about a little bit and challenge it ourselves and especially when we work with students like I said earlier. When it comes to interprofessional education my overall approach would be, be creative and have fun. I think that's really important.

I also think that we should aspire for trans-professional practice and by that I mean that we should go beyond those professional perspectives and integrate their natural Social and Health Sciences in a

humanities context and I don't think we do that enough. I think that would be really important. And very importantly, patient and their family and communities, should be in the centre of all these collaborative teams. So that would be my main message.

Gaby: Final question then, and maybe you've already just said it, what is the key message you want listeners to take away?

Kai: This is the key message, even though there are many benefits of interprofessional training, interprofessional education and collaborative working for the team's themselves and as I said earlier, it is good for increased job satisfaction and that is not at all unimportant. I think at the end of the day, we do that because we want our patients to have better care, and they are the centre of that whole programme here.

Gaby: And that's the reason for all of this ultimately.

Kai: Exactly.

Gaby: Completely agree. Well thank you Kai for sharing your time and your thoughts.

Kai: You're most welcome.

Gaby: For the listeners, there's going to be a transcript available as I said earlier, and will include the reference that Kai referred to during the podcast.

If the audience have any follow up questions, feedback or share ideas for future topics please contact me.

You can send me an email. Gabrielle.Saunders@manchester.ac.uk

I hope you enjoyed this discussion and are going to come back to the next podcast. Until then farewell and stay well.

References:

WHO (World Health Organization). Framework for action on interprofessional education and collaborative practice. 2010. https://www.who.int/hrh/resources/framework_action/en/