Enhancing & Evaluating Interprofessional Learning For Collaborative Practice: A Knowledge Synthesis Approach Using JBI Methodology

DR. KELLY LACKIE

DR. SHERI PRICE

DR. MAUREEN COADY

MS. LINDSAY BURKE

Registered Nurses Professional Development Centre

DALHOUSIE UNIVERSITY
Inspiring Minds

StFX UNIVERSITY

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Session Learning Outcomes

1. Strengthen understanding of interprofessional learning (IPL) as a focal point in planning and evaluating IPE

2. Examine the current state of IPE and adult education to advance collaborative practice

3. Recognize the benefits of using the Joanna Briggs Institute (JBI) methodology to complete a systematic and scoping review

Interprofessional Education & Learning

- IPE is widely recognized as a key strategy to provide the foundation for IPC (CIHC, 2013)

YET…

- significant challenges remain in achieving effective collaborative working relationships among and between health professionals (Fooks & Lewisk 2012; Newton, Billett, Jolly & Ockerby, 2009; Owen & Schmitt, 2013)

AND…

- there is little evidence recommending the most effective ways to deliver post-licensure IPE to support IPC (Greenfield, Travaglia, & Braithwaite, 2010; Hall, 2014; Owen & Schmitt, 2013)

Interprofessional Education & Learning

- IPL exists along a lifelong continuum – formal, non-formal, & informal learning (Chatalalsingh & Reeves, 2014)

- there is limited evidence to support that knowledge gained through formal IPE transfers to practice or how transfer occurs (Mestre, 2002; Oandasan & Reeves, 2005a, 2005b)

- there continues to be criticism regarding the assumption that collaborative practice has an impact on patient outcomes

Priorities in IPE

Systematic scholarly reviews of the IPE literature emphasize the need for greater understanding of educational strategies that effectively:

- change learner's attitudes
- improve their knowledge of collaboration
- enhance their collaborative behavior
- improve the delivery of patient care

(Coady, 2016; Brandt, Lutfiyya, King & Chioreso, 2014; Reeves, Zwarenstein, et al., 2013, 2010, 2008)

Gaps in IPE research: Guiding questions

Emergent thinking about IPE evaluation emphasizes deeper consideration for the learning involved and a stronger understanding of IPL as a focal point in planning and evaluating IPE

- How do we know that learning is occurring through IPE?
- What kind of learning is occurring? How is it occurring?
- How do we measure/assess IPL?
- How should we measure the effectiveness of IPE/IPC strategies?

Purpose/Aim

The proposed systematic review aims to strengthen the evidence for the effectiveness of IPE by synthesizing newer emerging research related to IPL and the pedagogy and evaluation of IPE

Methodology

Evidence is “the basis of belief; the substantiation or confirmation that is needed in order to believe that something is true” (Pearson et al., 2005, p210).

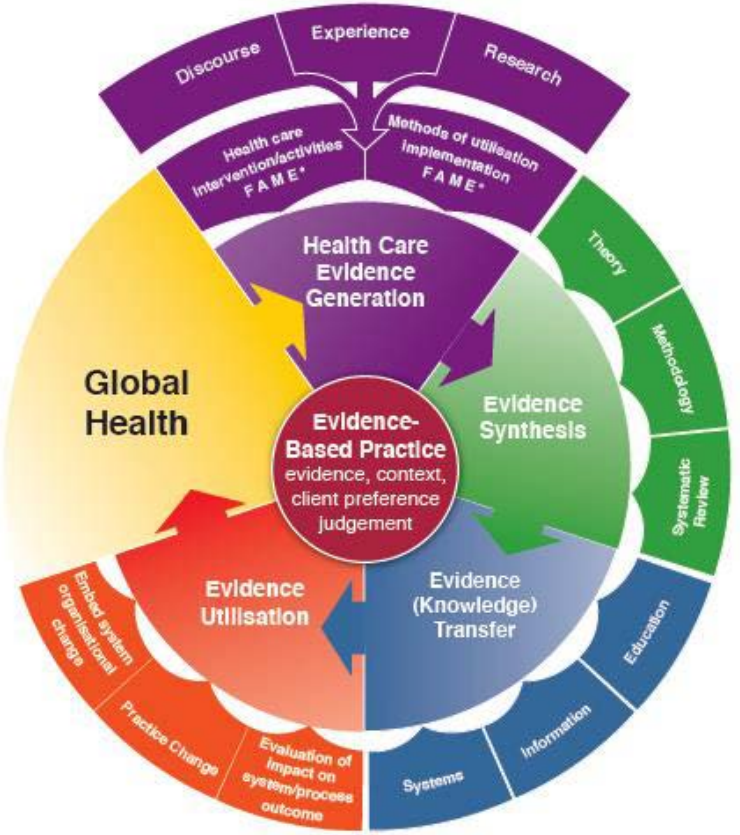
Joanna Briggs Institute Model c.2005

- a developmental framework for evidenced-based practice (EBP)

- conceptualized EBP as clinical decision-making that considers:
  - the best available evidence
  - the context in which the care is delivered
  - client preference
  - the professional judgement of the health professional (Pearson et al 2005, p209).

Joanna Briggs Institute Model c.2005

- depicted four major components of evidence-based healthcare:
  - evidence generation
  - evidence synthesis
  - evidence transfer
  - evidence utilisation



Joanna Briggs Institute Model c.2011

- explored relationship between the JBI Model and translation science
- identified three translational gaps :
  - knowledge need and discovery
  - discovery and clinical application
  - clinical application and policy and practice
- clarified and re-conceptualized the complexity of improving health outcomes through translating knowledge into action

The Joanna Briggs Institute Model of Evidence-based Healthcare c.2015

Joanna Briggs Institute Model c.2015

- Inner circle – Pebble of Knowledge

- Inner wedges – conceptualization of the process of an evidence-based approach to clinical decision-making

- Outer wedges – operationalize the component parts of the model; articulate how they might be actioned

JBI Design – participants, interventions, & outcomes

- Participants - studies that include the examination of experiences of HCPs' outcomes and effects of post-licensure IPE.
- Interventions - qualitative, quantitative, and mixed methodological studies
  - The intervention is post-licensure IPE
  - The comparator is routine professional development and continuing education.
- Outcomes - professional learning, interprofessional learning, IPE planning and evaluation.

Search strategy

- published and unpublished studies
- three-step search strategy:
  1. search of PubMed, CINAHL, and ERIC - analysis of the text words contained in the title and abstract and index terms
  2. using all identified keywords and index terms, search undertaken across all included databases
  3. reference lists of all identified reports and articles searched for additional studies; relevant journals will be hand-searched

Assessment of methodological quality

- assessed by two independent reviewers for methodological validity
- disagreements - resolved through discussion or with a third reviewer
- using standardized critical appraisal instruments from JBI SUMARI

Data extraction

- data will be extracted using the standardized data extraction tools available within JBI SUMARI

- data extracted will include :
  - Interventions
  - Populations
  - study methods
  - outcomes of significance to the review question and specific objectives

Data synthesis

- Quantitative data - pooled in statistical meta-analysis
  - Effect sizes expressed as odds ratio (for categorical data)
  - weighted mean differences (for continuous data)
  - 95% confidence intervals
  - standard Chi-square and subgroup analyses (based on the different study designs)
- Qualitative data - findings presented in narrative form including tables & figures to aid in data presentation

Outcomes

- To strengthen collective understanding of IPL
- To strengthen collective understanding of pedagogical considerations that inform best practices associated with IPE
- To enhance IPE teaching and facilitation, program planning, & evaluation across the IPE continuum
- Ultimately…to positively contribute to improve health services organization and delivery.

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