



# The Interprofessional Passport

## A Pilot Randomised Controlled Trial



**Peter Brack**, Associate Director Education – Allied Health and Interprofessional Programs, Northern Health  
**Dr Nora Shields**, Professor of Physiotherapy, La Trobe University

### Background:

- 15 years experience of designing and facilitating IPE programs
- Strong focus on IPE for health professional students – future workforce
- Implemented and evaluated multiple models of IPE including classroom, simulation and training ward models
- All models were developed and implemented with an initial grant
- All models were unable to be sustained once funding exhausted
- Issues regarding sustainability identified

NEW MODEL

The **Interprofessional Passport** is a learner-led suite of short duration clinically-based interprofessional learning activities that:

- is sufficiently flexible and adaptable to facilitate interprofessional education activities for all of Northern Health's students;
- has been designed to facilitate interprofessional learning within a clinical context based on learner identified needs;
- works on the premise that the learner in consultation with their supervisor / educator will tailor a program suitable to the learner's needs.

Domain:	Activity:
<b>Core</b>	1- Introduction to IP at Northern Health / Reflections on Past Experiences
<b>Self</b>	2- Introducing your Prof. Role 3- Shadowing Own Discipline in Another Area 4- Discipline Similarities / Differences
<b>Others</b>	5- Interview a Staff Member from Another Discipline 6- Observe a Patient Interaction with Another Discipline 7- Comparison of Initial Assessment Forms 8- Observation of a Team Meeting
<b>Team</b>	9- Joint Assessment / Treatment Session 10- Shadowing a Staff Member from Another Discipline

**Aim:** To test a program of short-duration, learner-led interprofessional education activities against five dimensions of feasibility: demand, implementation, practicality, acceptability and limited efficacy testing (learning outcomes).

**Design:** Prospective feasibility study using an evidence based framework and RCT design

### Method:

- Participants:**
- Must be enrolled in entry-level health professional course;
  - On placement of ≥15 days duration – March to Nov 2018;
  - Must 'opt-in' – randomised to control / experimental group

- Study Requirements:**
- Both Groups: Regular placement, Pre and Post Evaluations (inc. ISVS-21 and IPLoS 2.0), 5 x Daily Activity Records +/- Semi Structured Interview
- Experimental:** Complete Interprofessional Passport

- Intervention (Interprofessional Passport):**
- Select and complete a series of short duration clinically-based IPE activities;
  - Each activity is assigned a points value based on domain: **SELF** (10 pts), **OTHERS** (20 points), **TEAM** (30 points)
  - Must accrue **100 points** during placement (inc. one core activity worth 10pts)
  - Participants complete an activity and submit a reflective worksheet to claim their points

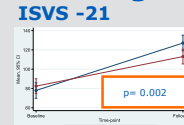
- Data Analysis:**
- Quantitative:**
- Demand, Implementation and Practicality – Data analysed descriptively
  - ISVS-21 and IPLoS 2.0- Using ANCOVA with baseline as co-variate- mixed imputation used to manage missing data
- Qualitative:**
- Semi-structured interviews – Thematic analysis (2 reviewers)

### Outcome Measures:

	Outcome:	Outcome Measure(s):	Target Population:		Frequency:			
			Exp	Con	NH	Base	End P'ment	Other
Feasibility	<b>Demand</b>	-No. of enquiries about program -No. that went on to participate	✓	✓				End of ix period
	<b>Implement.</b>	-Analysis of submitted reflective workbook tasks -No. and type of activities completed and time to complete	✓					End of ix period
	<b>Acceptability</b>	-Analysis of Daily Activity Record sheet -Semi-structured interviews	✓	✓				End of ix period
	<b>Practicality</b>	-Semi-structured interviews -Post-Evaluation	✓	✓			✓	
	<b>Learning Outcomes</b>	-Interprofessional Socialization and Valuing Scale (ISVS-21) -Interprofessional Learning Outcome Scale (IPLoS 2.0) -Pre-Evaluation -Post-Evaluation	✓	✓	✓	✓	✓	✓

### Results:

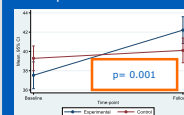
#### Learning Outcomes: ISVS -21



**Summary:**  
 Effect Size: 18.45  
 95% Confidence Interval: 6.60 – 30.29  
 Significant change for control group  
 Addit. significant change for exp. group

#### IPLoS 2.0

##### S1 -Learner Reactions to Interprofessional Education



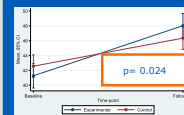
Effect Size: 3.86  
 95% Int.: 1.56 – 6.16

##### S2- Attitudes Towards and Perception of IPE



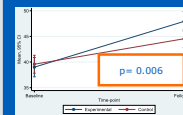
Effect Size: 2.12  
 95% Int.: -0.08 – 4.32

##### S3 – Knowledge Related to Collaborative Practice



Effect Size: 2.97  
 95% Int.: 0.39 – 5.54

##### S4 – Learner Self-Efficacy



Effect Size: 3.96  
 95% Int.: 1.15 – 6.77

##### S5 – Interprofessional Behaviour



Effect Size: 2.99  
 95% Int.: 0.05 – 5.89

#### Summary:

Significant change noted for control group \*S2 – Attitudes Towards and Perception of IPE'

Significant changes noted for exp. group for all except S2

### Participants:

Factor	Exp.	Cont.
<b>N</b>	38	43
<b>Age (years), mean (SD)</b>	24.7 (3.9) (n=38)	25.0 (4.4) (n=43)
<b>Year Level</b>		
1	1 (3%)	1 (2%)
2	2 (5%)	2 (5%)
3	10 (26%)	12 (28%)
4	15 (39%)	15 (35%)
5	0 (0%)	1 (2%)
6	3 (8%)	4 (9%)
7	7 (18%)	8 (19%)
<b>Gender</b>		
Male	7 (18%)	12 (28%)
Female	31 (82%)	31 (72%)
<b>Previous IPE</b>	16 (42%)	18 (42%)
<b>Discipline</b>		
Dietetics	5 (13%)	3 (7%)
OT	6 (16%)	7 (16%)
Physiotherapy	2 (5%)	4 (9%)
Orthotics	1 (3%)	0 (0%)
SP	6 (16%)	4 (9%)
EP	1 (3%)	1 (2%)
Medicine	4 (11%)	6 (14%)
Nursing	4 (11%)	8 (19%)
Social Work	6 (16%)	6 (14%)
Pharmacy	3 (8%)	4 (9%)
<b>Days avail. median (IQR)</b>	28.5 (22.0, 59.0) (n=38)	23.0 (15.0, 54.0) (n=43)
<b>Completed</b>	19 (50%)	32 (74%)

### Implementation:

Activity:	Times comp.	Total Mins Taken	Avg. Mins Taken
2	4	135	34
3	11	1274	116
4	10	425	43
5	3	150	50
6	11	1155	105
7	5	230	46
8	18	1675	93
9	6	530	88
10	12	2010	168
<b>Totals</b>	<b>80</b>	<b>7584</b>	<b>95</b>

### Practicality:

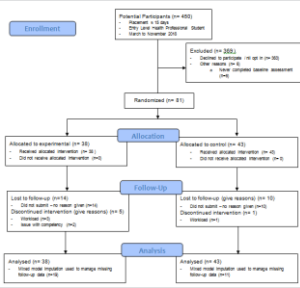
One staff member – approx. 4hrs per week  
 Majority administrative work – could be done by admin officer  
 Avg. of 5-6 emails per participant (not including weekly group reminder emails)  
 Majority e-mails from templates  
 Managed via central inbox  
 Small Research Grant from NH Foundation (\$5000) – otherwise nil additional funding to run

### Acceptability:

Semi-structured interviews (n=13: exp. n=10, cont. n=3)  
 Information from post eval. exp group (n=19)

100% students who completed intervention would recommend to others  
 Only 50% of exp. group completed all req.'s  
 Time taken to complete (avg.7.7hrs) /other workload most common reason for non-completion  
 Changes suggested to physical resource:  
 -consider online / app version  
 -reorganise order of existing paper resource

### Demand:



#### Acknowledgements:

Dr Matthew Oates  
 Dr Carmel Macleod  
 Dr Leonie Griffiths  
 Drew Aras  
 Stacey Balzac  
 Dr Katherine Lawler

### Discussion:

- Completion rate:**
- 50% completion rate for exp group
  - Higher rates of completion in Allied Health - ? due to placement model (supervision)
  - Improvements to ease of use of resource req'd
  - Consideration of lower points goal for shorter placements
- Feasibility for sustainable use:**
- Less logistical issues than IPE reliant on 'brining learners together' Eg. classroom based IPE
  - Requires reduced staff time / fewer resources
  - Content appears to be acceptable
- Learning outcomes:**
- Statistically significant IPE learning outcomes

### Conclusion:

- Resource is feasible for use at Northern Health as part of student placements
- Improvements to resource and more flexibility regarding points goal are required to improve completion rate
- Statistically significant improvements to IPE learning outcomes from 'regular clinical placement'
- Additional statistically significant improvements to IPE learning outcomes for students completing the Interprofessional Passport

