



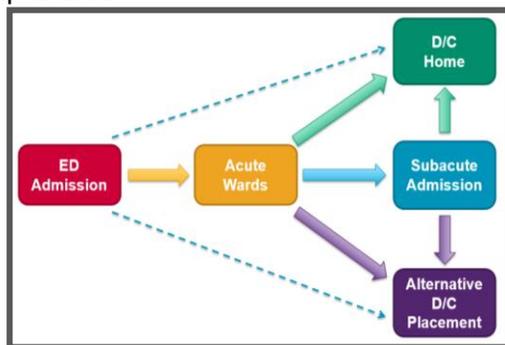
Breaking Down Professional Siloes –

Using interprofessional education to help hospital Allied Health and doctors work together

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Background:

- New graduate healthcare professionals (HCPs) can enter care environments in positions to make treatment/discharge decisions (e.g. as per Fig. 1) while not fully understanding shared multi-disciplinary (MD) care delivery.¹⁻³
- It is expected that hospitals ensure training equips new HCPs to practise safely within the MD teams and services.¹⁻³
- Training programs are mostly conducted in professional siloes, rather than each profession sharing their knowledge and expertise.⁴



Aim:

To pilot an Allied Health (AH)-led Medical Education session for incoming Junior Medical Officers (JMOs) regarding MD care to improve referral quality from medicine to Allied Health in order to improve timeliness and effectiveness of discharges.

Method:

- AH professionals and educators developed and presented a problem-based learning case to JMOs, highlighting key clinical and practical contributions to care for a “typical” patient impacted by poor treatment and discharge planning.
- Evaluation occurred via surveys of:
 - JMOs, to identify how the session impacted confidence in generating relevant and timely (quality) referrals.
 - AH staff, regarding changes in aspects of referral quality.

Significance:

Having AH provide specific education to JMOs ensured learning was specific to both groups’ needs and addressed actual issues identified at the coalface of service delivery.

Results: (Fig. 2)

- 100% of JMOs at the session ($n=8$) reported increased confidence in providing appropriate and timely referrals.
- AH staff reported improvement (non-significant) in referral timeliness ($n=7$, $p=0.12$).
- Informal feedback from AH, JMOs and the Medical Education Officer was that the pilot was useful and furthered JMOs’ understanding of AH.

Fig. 2: Comparison of JMOs’ confidence in providing quality referrals, compared to AH evaluation of referrals required.

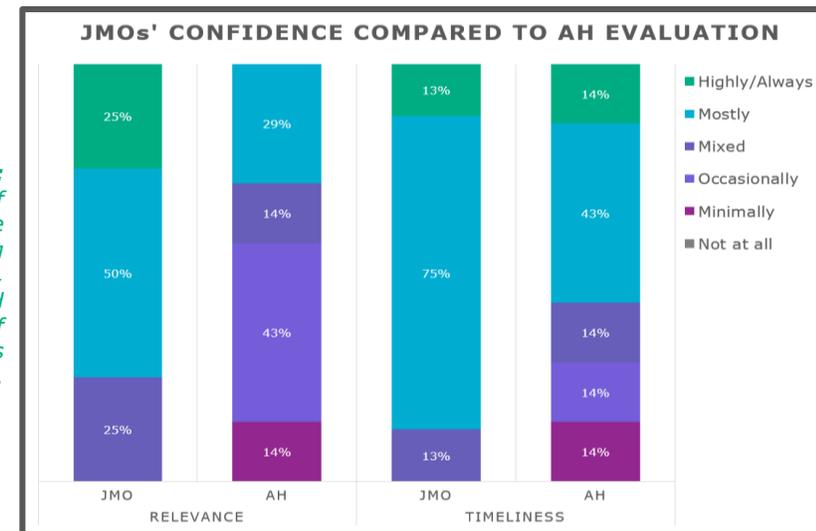


Fig. 1: Typical transfer and discharge pathways following an Emergency Department admission.

References:

1. Australian Medical Council, & Medical Board of Australia. (2013). Guide to intern training in Australia.
2. Department of Health and Human Services (DHHS). (2016). The Best Practice Clinical Learning Environment Framework: Delivering quality clinical education for learners. Melbourne, Victoria.
3. Mosser, G., & Begun, J. W. (2014). Understanding Teamwork in Health Care. United States of America: McGraw Hill Education.

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