CONFERENCE ABSTRACT

Interprofessional education as a building block for collaborative and integrated eating disorder services

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Introduction: (comprising context and problem statement) Eating disorders (EDs) are the most challenging of all mental health conditions to treat with high mortality, morbidity and chronic course (NIMH, 2015). Fast access and evidence based treatment has been shown to improve outcomes substantially (AACAP, 2015). Conversely, a lack of interprofessional collaboration has been associated with poor outcomes and patient safety concerns in eating disorders including death (RCPsych, 2012). Most postgraduate training for clinicians is unidisciplinary or multidisciplinary including training in eating disorders.

Short description of practice change implemented: Five interprofessional education (IPE) projects for eating disorder clinicians were undertaken as part of the HSE National Clinical Programme for Eating Disorders and these were formally evaluated at different levels: knowledge, roles, satisfaction, fidelity to checklists, change in clinical practice, barriers, opportunities and feasibility of the IPE approach. These projects included a pilot (A) and follow up (B) IPE project for mental health eating disorder clinicians (N = 16 and 45); a national Family Based Therapy training initiative (C) (N = 72); a national CBT-E training initiative (N = 63) (D); a joint acute paediatric and psychiatry training event (E)(N = 45).

Aim and theory of change: The aim was to establish whether an IPE approach would enable knowledge translation, increased activity (access), attitudinal and behavioural change and which approaches were most effective. In 2010, the World Health Organisation strongly endorsed collaborative care as the solution to increasing population and longevity needs in the face of depleted healthcare services and staffing (WHO, 2010). WHO placed interprofessional education at the heart of such collaborative care. However, IPE has been poorly for eating disorder services. In view of the challenges of different settings and professionals, access and outcomes, this is a key area to explore when delivering a national clinical programme.

Targeted population and stakeholders: Mental Health and acute hospital clinicians working with patients with eating disorders across the Irish public (HSE) health system.

Highlights: In terms of innovation, both the pilot project and joint paediatric projects took an adult learning practice based approach using clinical dilemma and vignettes. They were highly endorsed by clinicians with impact on practice and confidence. The CBT-E and FBT models used a formal multidisciplinary training, followed by an IPE supervision approach. Overall impact included increased knowledge about each others roles, clinical confidence and behavioural changes. Local ED group membership enhanced this impact. Challenges to implementation included lack of ED cases or team colleague and completing clinical demands.

Comments on sustainability: Interprofessional and local ownership/ delivery enhanced both acceptability and sustainability of these eating disorder training programmes

Comments on transferability: With national core curricula and resources, local special interest groups would be able to replicate these IPE projects. Key is that leadership, coaching and support is provided by the original developers, and that staff are interprofessional, skilled in delivering in a variety of learning formats, and have expertise in eating disorders.

Keywords: interprofessional education; collaborative care; eating disorders; integrated