

CONFERENCE ABSTRACT

Developing an interprofessional training for primary care: a co-creation with practice, education and research.

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Linda Smit¹, Marjolein van Wijk¹, Jeroen Dikken², Inge Pool³, Marieke Schuurmans^{1,4}, Niek de Wit⁵, Nienke Bleijenberg^{1,4}

1: University of Applied Sciences Utrecht, The Netherlands;

2: Faculty of Health, Nutrition & Sport, The Hague University of Applied Sciences, The Hague, The Netherlands;

3: Department of Education and Training, University Medical Centre Utrecht, The Netherlands;

4: Department of Nursing Science, Julius Center for Health Sciences and Primary Care, University Medical Centre Utrecht, The Netherlands;

5: Department of General Practice, Division Julius Center for Health Sciences and Primary Care, University Medical Centre Utrecht, The Netherlands

An introduction: Care for older people with multiple chronic conditions and complex care require different disciplines which are often simultaneously involved. Interprofessional collaboration between professionals from medical and social care in the community is necessary to enhance quality of life and support of older people.

Short description of practice change implemented: An interprofessional training IPT for professionals working with older people in primary care was developed and pilot tested. Three central themes for the training were defined: collaboration, role identity and communication.

Aim and theory of change: The aim of the IPT is to enhance collaboration and communication between multiple professionals in primary care so that they are adequately equipped to provide integrated care for older people. Professionals learn from and with each other how collaboration in primary care can be improved and what they need from each other. The IPT consisted of two teaching days within the community and multiple online and onsite assignments e.g. blended learning.

Targeted population and stakeholders: To enhance the fit between the needs and wishes of the professionals and the goals of the IPT, an expert team consisting of multiple stakeholders were involved e.g. general practitioner, practical nurses, specialized nurses, and social work. The expert team was consulted about the content and form of the training several times to ensure co-creation. In total, twenty-three primary care professionals e.g. community nurses, general practitioners, nurse practitioners, pharmacists, social workers, and welfare professionals were trained in three communities.

Timeline: The training duration was six weeks.

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Highlights innovation, Impact and outcomes: The IPT is evaluated on three interprofessional outcomes defined by Reeves 2016¹. The first and second outcome evaluates reaction, knowledge- and skills. These two outcomes were positively evaluated during the pilot. Third, behavioral change in the collaboration between the professionals was measured with Social Network Analysis to explore what changes took place in terms of size and strength of the collaboration.

Sustainability: The IPT will be sustained by a non-profit organization that offers training on collaborative practice at community level. Furthermore, elements of the training will be embedded in the bachelor nursing education at the University of Applied Sciences Utrecht.

Transferability: The content of the training can be integrated in bachelor nursing education and the outline of the training has an excellent fit with clinical practice due to the blended character.

Conclusions: The IPT is experienced as positive by all community teams. The results regarding the size and strength of the collaboration between the professionals i.e. evaluation of behavioral change, will be expected begin 2018.

Discussion: Little is known about IPT in the context of home and community care of older adults². Therefore, this IPT serves as an example in developing and evaluating an IPT in primary care settings.

Lessons learned: Co-creation appears to be essential in the development of IPT because equivalent influence of all involved stakeholders including the target population can guaranteed an optimal fit for primary care practice.

Keywords: interprofessional training; primary care; collaboration; role identity and communication
