

INVITED COMMENTARY

Interprofessional Education and the Health Care Team Challenge: An interview with Monash University paramedic student, Tegwyn Bath

Invited commentaries from Associate Professor Janice Chesters, (Monash University Department of Rural and Indigenous Health, Australia) and Professor Jill Thistlethwaite, (Director of the Institute of Clinical Education, University of Warwick, UK).

Interview by

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Interviewer: Tegwyn, tell us a little bit about yourself.

Tegwyn: Well my name's Tegwyn Bath, I'm in my third and final year of a Bachelor of Emergency Health Paramedic degree here at Monash University.

Interviewer: Well the focus of the interview today is to tell us about the outstanding result Monash University had with the health care team challenge (HCTC) in Queensland several months ago.

Tegwyn: Certainly. The health care team challenge is a collaborative University-run event: this was the first national competition that has been run, though it has been run interstate previously. I was chosen from the paramedic students to work with a group of other health professional students towards a management plan for a patient. All of us worked together towards this very dynamic competition that was held in August in Queensland. The health care team challenge is focused on encouraging health care professionals from different backgrounds to work together to create the best care that you possibly can for a patient. The people in our competition were drawn from disciplines such as medicine, nursing, occupational therapy, physiotherapy, and pharmacy, with myself as the sole paramedic. We met regularly over an eight week period to create a management plan for a real client with very complex needs: this management plan was eventually put together, trialled, and then presented to a judging panel and a wide audience at the University of Queensland for the competition.

Interviewer: Great. So tell us a bit about the background to the case with the client and tell us a bit about his or her problem and what you and the other team members had to go through.

Tegwyn: Initially the six people in our team were presented with a trial case to enable us to get a feel for the style of competition, and to get us accustomed to working together. Our trial case was that of a gentleman who'd fallen off his scooter and was injured; we had to figure out how we were going to manage the care of this gentleman over a period of time. We had the opportunity to present this "trial" case to our HCTC mentors (university staff who came on board to provide support and assistance as we worked towards a comprehensive management plan) following which we were presented with a new case, one that all HCTC teams would work on. This year it revolved around a lady called Maggie who had complex mental health needs as well as a variety of other conditions. She had certain requirements that she was seeking for her medical care so we had to work together as a team to come up with a really good management plan for her. The plan needed to run for six months: right from the initial time that we saw her, to six months down the track when potentially she might be well enough to no longer require the full breadth of our services. In the meantime, we were on hand to assist her. Our team met together every fortnight in the early stages, and then every week as the competition day got closer. A lot of research was required in order to present the best possible healthcare options, so a lot of early research involved looking into Maggie's current conditions and mental health challenges, eventually focusing on what we could do to empower her to work towards better health, so that was really fantastic. Our team was quite fortunate, we had a student doctor, a pharmacist, an occupational therapist, a physio, a nurse, and myself as the paramedic; and we also had a health science student who was our 'reserve' and proved invaluable to our team during the research and preparation phase.

Interviewer: I understand that 'Team Monash' had some fashionable t-shirts with a model or a symbol ...

Tegwyn: Yes. The health care team challenge organisers asked us to come up with a team name and we didn't just want to be "Team Monash": we thought we would take it to a different level! We attempted to put into perspective what we were trying to accomplish for our client, Maggie, so we decided that we would call ourselves the Holistic Outreach Team, the shortening of which is "H.O.T" of course! We came up with this name feeling that we were reaching out to Maggie in as holistic a manner as possible, for the benefit of her health and wellbeing. One of our mentors had some fun and made up fabulous t-shirts from a design we created. However, when we got to the University of Queensland, they already had team t-shirts ready for us, but ours were much more thoughtful and funky of course! The design we came up with for our shirts had Maggie in the centre, surrounded by all of us (symbolised by little circles with hands held out) so we had Maggie in the centre of our care: we were the health professionals surrounding her and just supporting her on her journey to better health and wellbeing!

Interviewer: You mentioned Maggie and development of a management plan over six months. As a paramedic did you have any apprehensions that this was beyond the scope of 'normal' paramedic practice?

Tegwyn: I always felt that I had a place in the plan, but I also felt that it was a place that required me to work really closely with the other guys in the team: I think that's the thing with paramedics, it's very much an emergency pre-hospital

care focus, an area which Maggie didn't immediately fall in to. I could have been involved in the immediate pre-hospital care if she for instance had had a manic episode, (Maggie had bipolar disorder): if this had occurred in our scenario I probably would have been the first person to be called to help her through that, but so many of the things we discussed together involved risk management related to Maggie's mental health and physical conditions. If Maggie did call for an ambulance then I would be one of the first people to assist her and might have the ability to refer her onto other health care professionals that might be able to give her more support than I'm trained in specific areas. In the meantime I worked with the others in researching her health conditions and management ideas.

Interviewer: So tell us why did Team Monash win the competition? Can you talk about the dynamics and perhaps the journey that your team members embarked on?

Tegwyn: Sure. I think it was quite interesting on Day one when we were presented with Maggie's case: everybody jumped into their mind set of what they could do for Maggie, rather than what Maggie might like to have done for her. I guess something that we often forget is that patients should be regarded as clients: it is about empowering and assisting as best we can, but only if the client wants that. It was really interesting to see the shift in our team from initially a very traditional medical "dose her up with this, give her this, take her to the physio" approach to a much more holistic approach where we asked the question "what are Maggie's needs and how can we empower her to meet them?" That was a big shift and a great learning experience! It actually ended up being one of Monash's strengths when we presented as we found that a lot of the teams probably hadn't moved from that initial traditional medical point of view to a more client-centred, holistic approach that was focused on Maggie's wishes. I think that really helped us with the competition actually: we tried to emphasise it as much as possible, for example every time we spoke about Maggie we actually referred to her as though she was there with us, and prefaced items of our management plan with "if you would be willing for us to do this, Maggie." We were really trying to put her in control of her health and wellbeing because it's hers and not ours to meddle with unless she is willing.

Interviewer: Which other Universities were involved in the challenge?

Tegwyn: There was Curtin University of Technology, their team name was Team Rehab, also Griffith University was there ("OzHFTC Team"), Queensland University of Technology, the "Real World Health Team" and the University of Queensland, which had a very strong team called Team Synergy.

Interviewer: Did any of the other teams have a paramedic team member?

Tegwyn: No. I was the only paramedic in the competition, and there were none in the audience either! A 'shout out' was done to all different health care professionals during the presentation, but the organisers left out the lone paramedic!

Interviewer: Why do you think that's the case?

Tegwyn: It makes me wonder sometimes whether paramedics are being left out of the allied health field, but also they don't seem to fit in with the medical field: they

seem to be this entity on their own. We're obviously health care professionals but for some reason, as my experience illustrated, people don't really think of paramedics as a solid part of what goes on in health care.

Interviewer: Do you think that we should take more ownership of our identity within the health system?

Tegwyn: Yes, that's a good point. I think often paramedics sometimes underestimate themselves and their abilities: I know from working on the road in my clinical placements there is still a very emergency health prehospital focus, (which is great, because that's what we're primarily there for) however, I think paramedics do have the ability to refer people on to other health care professionals, plus they're the first in a person's house, therefore they might be able to pick up little things that other health care professionals won't have the opportunity to. Healthcare professionals in an office don't get this added insight.

Interviewer: You've mentioned patients and the clients, I'm just wondering whether you could talk to us a bit about the notion between the two and if there is any overlap, particularly as we currently and historically refer to clients as patients.

Tegwyn: Yeah, this is something that actually was quite foreign to me as well before I undertook the health care team challenge: so that was a great awakening for me as well! A lot of the information and ideas that we had about the client perspective initially came from our reserve team member who is doing health science, majoring in health promotion. She had a fabulous outlook on this that really put the client in the centre of their care. The notion of patient versus client comes from the idea that we're there to help someone; we are those providing a service. Plus the word "patient" sounds little bit more incapacitated and potentially more unable to take control of their health and wellbeing: everyone can do this however, they might just need that little bit of assistance.

Interviewer: Okay, great. So tell us about the day?

Tegwyn: It was quite a busy weekend! It really all started the week before the health care challenge: we had a trial run with our fabulous mentors: Associate Professor Janice Chesters and Heather Kelly from the Department of Rural and Indigenous Health, Kerryn Morgan and Hanan Khalil, also from the Department of Rural and Indigenous Health, and yourself, Brett, from the Department of Community Emergency Health and Paramedic Practice. Our "practice run" was timed and let us tie up ends and gain some extra perspectives on our management plan. The following week was 'game day', and an early start saw us fly up to Brisbane where we rehearsed and practiced and made sure we had as much preparation done as we could! It was good to arrive at the lovely campus of the University of Queensland: we were met by some fabulous people, and shown the plan for the day. From beginning to end, this event was run really, really well: lovely people who take great pride in health care challenges and work hard to get the most out of them. Queensland has been running the HCTC as a University and State-wide thing for a little while and, and they've got it polished to a fine art! Our team was shown where we would be standing, the resources that we might have available to us, and how it would run. Some groups up there had props, some had music to go with

their presentations: we had a slide show that we'd prepared that was ready to go with as much information as we could feasibly put on there about Maggie and our approach to her management plan! The first part of the competition involved the five teams competing against each other to determine who was going to make it through to the final. This was held in the morning, and from those five teams, three were picked to go forward into the final. Team HOT presented really well: it was a very buoyant and exciting atmosphere, and I think health care professionals thrive on a bit of adrenaline! We were really happy: we worked really well together, and our communication remained really consistent throughout the whole process, with everyone very willing to listen to each other, but also brave enough to step forward and put up their ideas. It felt as though everyone was able to give the best that they could of themselves and their profession which was awesome! Monash was picked to be one of the three final teams, so that was really fantastic, and we and the other two teams had a couple of hours to have some quick dinner and prepare ourselves for the finals. There was an incredibly distinguished judging panel for the finals, and we had a new audience as well, which was great! We braced ourselves and delivered our management plan once again, and were really fortunate in bringing home the award which was great! We also won the audience choice award for the most popular team voted by the audience, we think that potentially our t-shirts might have had something to do with that!!

Interviewer: And the second part of the competition - was that a continuation of the initial case, or was it something entirely different?

Tegwyn: Yes, there were some differences. We had to present the exact same management plan, but to a different audience, different judging panel, and then there were extension questions that we had to answer. Each team was given a different extension question that we had to answer within a set timeframe. The questions focused on a sudden addition to the case scenario: in our case our question revolved around Maggie having some quite severe medical issues that hadn't come up before, which we had to help her to address; another team was told that Maggie suddenly wanted to get up and fly to Fiji, which questioned how the team was going to cope with that, considering her health conditions and mental state. Teams had six minutes to ponder the question and create an answer showing how they planned to help Maggie with the new issue. We all put our heads together, with lots of scribbling on pieces of paper, and within the timeframe we were able to come up with our idea: again we were really trying to focus on putting Maggie in the centre of the care and listening to what she wanted and what her needs were and how we could help her meet those needs. The judging panel was really impressed with our answer to the extension question and we were very fortunate and excited to win the title of national champions.

Interviewer: Outstanding achievement - it really is a great, great honour for each and every one of you and, highlights that the University has something to offer when it comes to interprofessional education and interprofessional practice... so, congratulations on that!

Tegwyn: Thank you.

Interviewer: Can I have your thoughts and views on interprofessional education and interprofessional practice in the community emergency based health environment and where you see it fitting in.

Tegwyn: I think one big thing with this is that so little research has been conducted into IPE and IPP in the prehospital environment: there's still just not enough research being published on it.

Interviewer: So, what are the challenges that paramedics face in light of this?

Tegwyn: Well, paramedics are still reasonably entrenched in the very traditional emergency prehospital care approach and I think there is potential for the expansion of that, to beyond what everyone thinks is the norm. I think you can do that without taking away anything from paramedics, but actually adding a little bit more to them. One of the things is, that potentially paramedics aren't involved enough in IPE and IPP, but, part of that probably stems from the fact that they're not really regarded as a part of allied health; but rather this strange floating entity ...

Tegwyn: ... so I think potentially if they could find a more secure place and become a little bit more involved with other health care professionals then the potential is there for their role to really expand. I guess a challenge for educators is that there's not enough research on this yet in the prehospital field, yet there's so much potential for it, particularly in the University system. As this challenge demonstrated, it is possible to get different health professional students working for amazing client outcomes, and I think potentially if we start that in the University sector, then once these people are on the road, they're going to have a much broader understanding of the roles that they could play, and also of the roles of other health care professionals. I think that's a big thing: understanding a bit more about who does what, and also the blurring of lines between those roles!

Interviewer: Finally, is there a 'pearl' or 'take home message' for other students or clinicians more broadly, regarding the health care team challenge and interprofessional education and interprofessional practice?

Tegwyn: I think in the immediate future, health care students who are at Uni, competitions like the HCTC are amazing: they make you think way outside the box, they give you a great understanding of practical health care of other health care professionals, and how you can all work together towards excellent client-centred outcomes. Everyone forms a link in the chain: everybody is needed and valued and I really came to understand that a lot better following this challenge! For other University students, the HCTC is something that would be great to be involved in, even if you're not active in the competition: being an audience member is another way to expand your knowledge and understanding! You can look on the [HCTC website](#) for further information.

I think it's just important for paramedics to see themselves as central to patient care along with all the other health care professionals. I don't think it's right to sit on the outside of patient care when you have the ability to communicate with other health care professionals and all come together to work towards great outcomes for the client.

Finally, a big thank you to Monash for all their assistance throughout the competition, it was fantastic; and to the interprofessional team headed by Janice Chesters: they gave our team so much support and accompanied us to Queensland and were just amazing the whole way through! Also to the other members of Team HOT who gave me an insight into their specialities and helped to prove that healthcare professionals CAN work together to ensure incredible outcomes ... even paramedics!

Interviewer: Tegwyn, thanks for taking the time to share your experience of the HealthCare Team Challenge with us today.

Response to Interview from: Associate Professor Janice Chesters, Acting Director, Monash University Department of Rural and Indigenous Health and Monash Co-ordinator for the HealthFusion Team Challenge.

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It was insightful for me to read this important interview. I think it clearly demonstrates the importance of interprofessional education and the power of the simulated interprofessional practice opportunities offered by the Health Care Team Challenge. Tegwyn's comments shows that she has clearly grasped the importance of interprofessional team work and working in a patient centered or focused way. Tegwyn and the rest of the team were outstanding. Speaking to the judges after the award ceremony was enlightening. They said that Team HOT inspired confidence and were of international standard. One judge added 'I would seek care from this team if I was unwell they were so good'.

Tegwyn really summed up the shift in the team's perspective with her comments that:

It was really interesting to see the shift in our team from initially a very traditional medical "dose her up with this, give her this, take her to the physio" approach to a much more holistic approach where we asked the question "what are Maggie's needs and how can we empower her to meet them?"

When I first read the team's written response to the case I could see straight away that all of the team members were very competent and comfortable in their own discipline or health profession. As final year students they really were a credit to the seven Monash health areas that taught them. But it was clear that they were keen to get into action and do as much as they could for Maggie as individual clinicians. This became even clearer when we academics watched the team have their first go at presenting their care plan. We doubted that Maggie would put up with or survive so much treatment and care. But to the team's credit as soon as we asked them how their various treatments fitted with the reality of Maggie's life and with what she might want, they really embraced the notion of the patient or client centred team.

As we watched the first round of the competition in Brisbane we were not prepared for the incredible improvement in the team's care plan for Maggie. Their presentation was excellent, but the way they dealt with the quite difficult extra question made us realise that they had taken their work to a new level. They were really thinking and working as a functioning interprofessional team would. The Team Challenge is a game, it's fun, but it brings together some of the most capable young final year health science and health professional students from across Australia. These students are the future of health care practice in Australia and we can see from Tegwyn's comments that this event offered them an excellent learning opportunity as well (see Moran et al¹ and Boyce et al² for more on the value of the challenge).

Training our next generation of health professionals to work in interprofessional teams is important. As our population ages and experiences more complex chronic disease and community expectations for high levels of safe, excellent care increases better team work and collaborative practice will be vital. Interprofessional or collaborative team based health care is becoming the preferred model of health and social care delivery worldwide. While definitions in the field of interprofessional education, learning and practice are fluid and contested it is worthwhile to go over the dominant definition for a number of key terms. These definitions are increasingly recognised internationally:

- Interprofessional education (IPE): Occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care
- Interprofessional learning (IPL): Learning arising from interaction between members (and/or students) of two or more professions. This may be a product of timetabled interprofessional education or happen spontaneously in the workplace or education settings
- Interprofessional practice (IPP): Two or more health/social care professionals working together as a team with a common purpose, commitment and mutual respect.³

While Australia is moving quickly to embrace interprofessional education learning and practice we are not as advanced on this path as the UK, USA, Canada and the Scandinavian countries. We need to achieve more coordination between educators, health professions, governments and policy makers. There is much work to be done to enable all health students to have the learning experiences that Tegwyn has described so well. But the Health Care Team Challenge is a great exemplar of what we need to achieve across the whole health care and education sector and then take out into our whole health care system.

References

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3. Freeth D, Reeves S, Koppel I, Hammick M, Barr H. Evaluating interprofessional education: a self-help guide. Working Paper. Higher Education Academy Learning and Teaching Support Network for Health Sciences and Practice; 2005. London, UK.

Response to Interview from: Professor Jill Thistlethwaite, Director of the Institute of Clinical Education, University of Warwick, UK.

I was delighted to be asked to be a judge at the national Health Care Team Challenge when I was visiting Australia in August. The teams in the final were inspiring examples of what can happen when highly motivated and well-educated health professional students are brought together on a common task. Reading this particular student's reflection on the experience, I was struck by its honesty and insightfulness. Tegwyn points out that the students, having been given details about their patient Maggie, initially considered what they might do for her, rather than considering what Maggie herself might want and expect. While the former consideration is well meant, if a patient's ideas, concerns and values are not explored, the

patient is less likely to carry out the professional's 'orders' or management plan. A patient-centred approach is a major goal of interprofessional collaborative practice, and I was heartened that the Monash students recognized the need to make this shift.

As a health professional educator, as well as a practising clinician, I am always interested to receive feedback from students on their learning experiences. The interview technique used here is a powerful method of exploring a student's perceptions of longer-term self-evaluated benefits. Most feedback is received immediately after an educational activity and thus long terms effects are rarely scrutinized. Tegwyn highlights the fact that all health professionals may have a role in patient care and that, even if this is not immediately apparent for a particular profession (in this case Tegwyn's being a paramedic), learning about each other's roles and skills is fundamental in the provision of holistic care.

The students in the challenge are hampered to some extent by only having a paper-based case rather than the possibility of interacting with the patient. I know that at previous events a patient has been present and has been a member of the judging panel. In my opinion this is absolutely essential when possible as, even with the best will in the world, health professionals cannot completely participate in the patient's worldview and judge the appropriateness and relevance of care for patients without dialogue.

One of the challenges for interprofessional education (IPE) and practice is communication, including use of profession-specific language and jargon. One example mentioned in the interview is nomenclature – as a GP I am comfortable with 'patient', though other team members may prefer client, or service user (though consumer is unlikely). If using a designation in front of the patient/client, we should ask the person which they prefer, and of course, address them by title and name as appropriate.

Tegwyn raises other issues in relation to the healthcare professions such as changing roles, expanding scope of practice and how many healthcare situations do not involve team-based care or collaborative practice. Interprofessional learning, to use the Centre for the Advancement of Interprofessional Education's definition (CAIPE), is about learning from, with and about each other.¹ I may never work in the same location and at the same time with an occupational therapist for example, but many of my patients will receive care from other professionals, and these patients will expect their professionals to understand what everyone is doing. I believe that IPE is essential for fostering interprofessional collaborative practice. There is growing evidence that this is indeed the case: a recent review of the outcomes of IPE concluded that most students who are exposed to interprofessional learning activities have a better understanding of how their profession integrates with others in a healthcare team, the roles and responsibilities of other health professionals and improved knowledge of teamwork.²

I would be very interested to find out what happens to those students who are involved in the challenges and how they use this experience in their professional lives. We do need more research in the effects of IPE – what works, how it works and what effects it has in the long term. In the meantime let's hope that the HCTC initiative is extended to involve more students. Well done to all concerned.

And, finally and importantly, Tegwyn has indicated that learning together can be fun.

References

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