

# ReFEEHS Survey Report on Interprofessional Education



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**ReFEEHS**  
Reinforcement of the Framework for Experiential Education in  
Healthcare in Serbia

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# Introduction

## Interprofessional education

Interprofessional education (IPE) is a new strategy of health professionals education which aims to create better professional cooperation and improvement of health care services. It is expected that, with this kind of education, students will be trained for collaborative practices and working together with all health workers in order to achieve the highest level of health care and benefits for the patient.

Implementation of interprofessional education in educational and health and social care institutions is a very complex system with following key participants: students, teachers/supervisors and institutions.

As a precondition for the development of common curricula for interprofessional education of different health professions, it is necessary to introduce teachers and associates, and students to interprofessional education, and to assess their views on this issue. Their attitudes toward interprofessional education, as well as readiness of health workers for this education in a future is a decisive step towards its implementation.

In regard to this, in October 2016, a comprehensive survey “WG Interprofessional education- ReFEEHS project Erasmus+” was created. The aim of this survey was to investigate knowledge and attitudes of teachers and associates of higher educational institutions that participate in health profession education. The questionnaire was electronically distributed to all universities in Serbia, project partners which form different profiles of health workers. Predicted period for data collection was three months.

During the 2016/2017 school year in October, Faculty of Medicine, University of Novi Sad, conducted a study to assess the attitudes of students towards IPE. It was planned to examine the attitudes of students and other higher education institutions that educate health workers in Serbia during the first half of 2017.



# Academic staff attitudes

## Questionnaire

Questionnaire “WG Interprofessional education- ReFEEHS project Erasmus+” contained general demographic questions, questions about the workplace and higher education institutions in which the teacher or associate works. The questions given after that were related to the knowledge on interprofessional education, and what mostly represents an obstacle to its introduction into the education system.

The central part of the questionnaire referred to the scale of readiness for IPE (Eng. The Readiness for Interprofessional Learning Scale - RIPLS) which consisted of ten claims for which evaluation five-point Likert scale is used.

The last part of the questionnaire contained questions about the willingness of teachers and associates to inform and gain new knowledge regarding IPE and collaborative practice, and the willingness to create teaching materials for the IPE and share them among the study programs of all the future health professionals.

Total number of questions in questionnaire was 5 in order to obtain general information and 20 for assessing knowledge and attitudes towards IPE. Appearance of the questionnaire is given in the Annex to this report.

## Results

Between October 26<sup>th</sup> 2016 and January 15<sup>th</sup> 2017 total number of 303 questionnaires was completed.

The number of completed questionnaires was similar in three age groups, ranging from 27.4% to 29.7%, while number of completed questionnaires in youngest and oldest age group was approximate (8.9% for 25-30 years and 5.6 % age more than 61 years). Percentage of females (68.3%) among the teachers and associates who



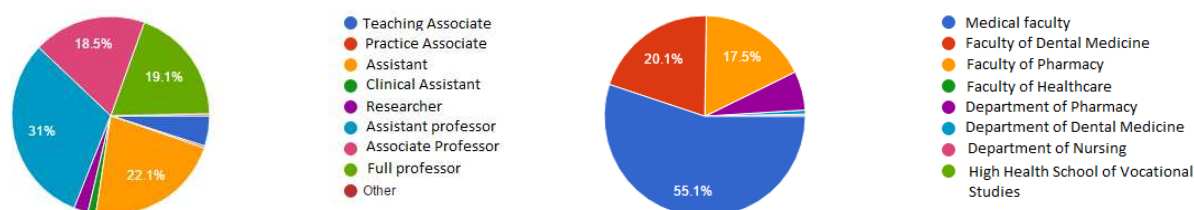
participated in the study was twice as high compared to the teachers and associates of male gender (31.7%).

Distribution of teachers and associates by age and gender is presented in Figure 1.



**Figure 1.** Distribution of teachers and associates that participate in the education of future health workers by age and gender.

Distribution of teachers and associates by the higher education academic rank/ workplace, as well as the faculty in which they are employed, is presented in Figure 2.



**Figure 2.** Distribution of teachers and associates that participate in the education of future health workers by the higher education academic rank/ workplace, as well as the faculty in which they are employed.

The majority of questionnaires was filled out by teachers and associates of Medical Faculty of all four universities (55.1%), followed by teachers and associates of Faculty of Dental Medicine (20.1%) and Faculty of Pharmacy (17.5%). A number of questionnaires were filled out at the Department of Pharmacy (6.3%), the Department of dentistry (0.7%) and the Department of nursing (0.3%).

According to the profession/workplace, the most of questionnaires were completed by assistant professors (31%), followed by assistants (22.1%) and an almost even number of associate (18.5%) and full professors (19.1%).

In the following text a review of the responses given by teachers and associates of higher education institutions that participate in education of future health professionals is presented.

### Understanding of interprofessional education

A vast majority of respondents (95.7%) recognized the principles of Interprofessional Education as learning with, from and about each other. The minority of participants (4.3%) answered that IPO represents just learning with others, while there was no response of IPO being learning about others.

More than half of the participants (52.5%) were partly informed about the basic principles of interprofessional education, 39.6% were not informed, while 7.9% claimed they were completely informed (7.9%).

High majority of the participants (80.5%) recognized the need for development and introduction of interprofessional education as effective teamwork, lower costs for educational and medical institutions and improvement of health care services.

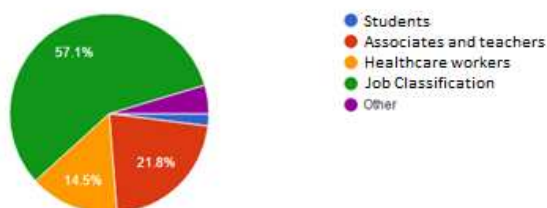
A total of 11.9% of participants thought that the majority of needs for development and introduction of interprofessional education was based on personal perception, effective teamwork and improvement of healthcare.

Key obstacles for introduction of IPE based on the experience of developed countries are shown in Figures 3a and 3b according to the opinion of respondents.



**Figure 3a.** Teachers' and associates' opinion of the key systemic obstacle for introduction of IPE

Approximately half of the participants (50.2%) thought that the key systemic obstacle was the focus on professional qualifications rather than competences. 27.4% of the participants thought that it was management of educational and health institutions, while 18.8% regarded line ministries as the key obstacle.



**Figure 3b.** Teachers' and associates' opinion of the key functional and operative obstacle for introduction of IPE

More than half of the participants (57.1%) regarded systematization of job positions as the key functional and operative obstacle for introduction of IPE. 21.8% thought that it was associates and teachers, while 14.5% regarded healthcare workers as key functional and operative obstacle.

High majority of participants (96.4%) knew that interprofessional education was a significant step towards collaborative practice, while majority of participants (72.9%) recognized that collaborative practice involves/includes healthcare workers of various professions, patients, their families and the local community.

#### Attitudes towards interprofessional education

The majority of respondents (85-95%) expressed agreement on the fact that students of all study programs of health professions should acquire teamwork skills during their studies, and that learning in this manner would improve communication among members of the healthcare team, contribute to a better understanding of health problems of the patient, enable a better understanding of future professional tasks, as well as professional limitations and that the remaining profit for the patient would be higher. The total RIPLS score was (AS=82.26; SD 10.2) which indicates the willingness of teachers and associates for interprofessional education as a new type of education of future health professionals.

Descriptive analysis of individual claims showed that teachers and associates mostly agreed that students of all study programs at faculties/schools of health sciences should adopt teamwork skills during the studies (AS=4.45; SD 1.2), and mutual learning would improve communication between healthcare workers and other healthcare team members (AS=4.36; SD 1.1).

Almost half of the participants (48.8%) agreed with the statement that learning with students from other study programs of health sciences would enable a positive attitude towards other healthcare workers and their role in the healthcare system. 42.6% fully agreed, while 8.3% was neutral regarding this statement (AS=4.33; SD 1.1).

Similar results were obtained for other claims in terms of the impact of common learning efficiency of the healthcare team (AS=4.21; SD 1.1), well-being of the patient (AS=4.25; SD 1.0), better clarification of the essence of patient's health problems (AS=4.27; SD 1.0), understanding of professional restrictions (AS=4.28; SD 1.1), and a better understanding of their future professional tasks (AS = 4.29; SD 1.0).

The lowest score obtained among the investigated claims, it also being rather high (AS=4.09; SD 0.9), related to the claim that "learning with students from other study programs of health sciences during the study would help future healthcare worker to improve communication with the patient and his family."

The claim the teachers and associates agreed the least was that "learning with students from other study programs of medical sciences during the study was not necessary" (AS = 2.6; SD 0.3).

#### Willingness to participate in creation and sharing of teaching materials

The vast majority of participants (94.4%) confirmed their interest to acquire new knowledge about interprofessional education and collaborative practice. Also, most teachers and associates (91.4%) were interested and willing to create and participate in interprofessional education and share designed teaching materials with all stakeholders in interprofessional education (93.7%).

#### Comments of teachers and associates in terms of interprofessional education

"I hope that the IPE initiatives will come to life in an institution where I am a teacher"

"I welcome the initiative to start interprofessional education."

"There is a lack of information about: the experience of other countries in terms of basic programs for interprofessional education, basic contents of interprofessional education, and ways of realization of the teaching program of interprofessional education for students of different study programs"

"I wish that, in addition to this survey which we annually solve, there could be some achievement in this form of education, rather than it all being about surveys and data collection"

"Interprofessional education is the future of modern healthcare services with the patient in focus and it is absolutely essential in the education system for creation of health professionals."

"It is time to get some work done."

"The essence of the need for interprofessional education should be explained as a form of education, strategies of activities should be made, and conditions for practical implementation should be created. There should also be some awareness of many limits of teamwork."

"I believe that the novelty of this kind would be true refreshment and see only great benefits for my colleagues and patients."





“As a pharmacist, I believe that interprofessional education allows pharmacists to become more recognized (by doctors and patients, primarily) to express their competence better, be less undervalued and perform all those tasks they are educated for. Therefore, I believe that interprofessional cooperation is extremely important during the studies.”

# Students attitudes

## Questionnaire

A survey assessing students' attitudes toward the strategy of interprofessional learning was conducted on the Faculty of Medicine, University of Novi Sad during October 2016. To assess the attitudes of students the Readiness for Interprofessional Learning Scale (RIPLS) was used. RIPL scale is consisted of 19 claims which are evaluated by the five-point Likert scale. Fifteen-minute introductory lecture was held in order to introduce interprofessional learning to the students. All students present at the lecture were invited to participate and all of them were informed about the study, first verbally after the lecture, then in written form as part of the questionnaire.

## Results

The study included a total of 256 students, 136 (46.9%) students of the fifth year of integrated studies of medicine and 120 (53.1%) students of the second and third year of basic vocational and academic studies in nursing. Most of the students were female 184 (71.9%), while 72 (28.1%) students were male. Before faculty admission 171 (66.8%) students had finished medical school and 83 (32.4%) high school, while two students (0.8%) finished some other school.

The total RIPLS score was (AS=71.0; SD 11.1), which indicates that students are ready for joint learning. Descriptive analysis of each individual statement of RIPLS showed



that claims with which all students agreed the most are: "In small groups which learn to work, students need to develop trust and mutual respect" (AS=4.5; SD 0.7), followed by "Students of all study programs of medical science should learn teamwork skills before graduation" (AS=4.4; SD 0.9). The argument with which the students were agreed the least was: "I have to adopt more knowledge and skills than students of other study programs of health sciences" (AS=2.5, SD 1.2). Thus, benefit of mutual learning, including the acquisition of skills of teamwork, is seen as a way of improvement of patient care and safety and strengthening of professional relationships. However, students of nursing, female students, students of lower years of study and those with previously completed education in the field of health and social care had significantly higher total RIPLS score in relation to others (medical students, male gender, higher year of study and finished high school).

The research results show positive attitudes of nursing and medicine students toward interprofessional education, which provides a good basis for introduction of this educational strategy in the curricula of undergraduate education starting from the first year of study.

Since this study included only students of medicine and nursing of one University, further examination of the attitudes of students and other health professionals at all four Universities in Serbia will give a better insight about knowledge and opinion of students towards the IPO as educational strategy.



# Conclusion

Conducted researches provide insight into the knowledge and attitudes of teachers, associates and students toward interprofessional education.

The results show that teachers and associates are generally familiar with this type of education, but also that they are willing to be more informed and acquire knowledge about the IPE and collaborative practice. Research indicates a positive attitude of teachers and associates of all four Universities in Serbia, as well as students of medicine and healthcare, Medical Faculty of the University of Novi Sad. Most of the teachers and associates participating in the study agreed that this type of learning, i.e. joint learning, contribute to more efficient work of healthcare team, a better understanding of problems of the patient, better understanding of their professional constraints, better communication with patients and their families and that the general patient benefit would be greater if students of all medical profile learned with, from and about each other and, that the efficiency of health care will increase.

Positive attitudes towards IPE, willingness to create and share learning materials provides a good grounding for introduction of this educational strategy in the curricula of undergraduate education of students of all health profile.

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# Annex

IPE Questionnaire for academic staff

IPE Questionnaire for academic students

