

The Practice of Interprofessional Education and its Prospect at Niigata University of Health and Welfare

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Introduction

This paper summarizes the six years practice and evaluation of inter professional education at Niigata University of Health and Welfare from 2001 to 2006.

To begin an experience of a case observed by the author will be described. About ten years ago, when I worked in the Orthopedic Department of Niigata university Medical Hospital, I came across a few cases where close collaboration between medical staff and welfare professionals would have been strongly recommended. One such example was a case of infant abuse. One day, I treated a three-month old boy with a fracture of humerus at the outpatient clinic of the University hospital, where ia applied a plaster cast to the arm and kept the baby in the hospital overnight. Despite a request to remain int the hospital for a few more days, the family refused, and I discharged the child from the hospital. It was a typical case of infant abuse by his young father. The author felt that he could treat the baby locally, but not alter his life.

In other case, the author felt difficulty in making it understand to personnel in the welfare office of a city by telephone the need for and timing of surgery for degenerative hip disease of a patient. These episode and others impressed upon the author the importance of collaboration between professionals in medical care and welfare. At that time, no medical social staff

worked even in the university hospital. At the establishment of Niigata University of Health and Welfare, two types of departments of professionals for health promotion were selected to actualize future collaboration between theath care, that is physical therapy, occupational therapy and lspeech therapy, and social welfare, namely, social work and the department of nutrition for registered dieticians as the keysone for mediating between the two fields.

As a catchphrase of the mission statement of the university, students aim to be “QOL supporters” to improve the quality of life of patients, the disabled and the elderly.

Planning and practice of freshman seminars:

In the two years’ period of preparation before establishment, a committee consisting of members of each department discussed the curriculoum and course design, as well as facilities and equipment for the new university. Then, the committee discussed how to put the idea of interprofessional collaboration into the curriculum design. Although the committee discussed which year this type of class was to be introduced, whether the first year or the fourth year when the student would more fully understand the characteristics of their profession, the committee finally offered it sin the first year because it would be beneficial for students to know thye significance of collaboration at anh

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early time in their school life, to imprint its importance.

The concept that the committee focused firstly on, which was the collaborative process by students of all five departments, and secondly on its results, have continued to the present day, even though there was the intention that the first year was too early to understand the characteristics of each profession.

In 2001 after the university's establishment, the seminars were carried out as planned. In the first semester of the first year, "Freshman Seminar I" was set as an introductory subject. Groups consisting of seven to eight students and a faculty member of the same department, named as an advisor, were supposed to meet once a week to develop close communication between the students and the faculty member. They would learn basic literacy that is needed for college life. In the second semester of the first year, "Freshman Seminar II" was set up with a group consisting of the same number of students but from five departments. They attended class, ninety minutes per week, for fifteen weeks, and worked together making a poster exhibit, which was presented in the last week of the semester. The theme of the poster decided by students was, for example, "The difference in reasons for living between the young and the elderly" and "A survey of barrier-free restaurants in the city".

From the year 2001 to 1004:

The committee came up with various ideas to integrate the school of medical technology with that of social welfare in order to develop experts in medical technology who know about social welfare, and experts in social welfare who have enough knowledge about disease and treatment.

In year of 2001 (the time of establishment), the 4 year curriculum in undergraduate students was planned in which there were five groups of subjects which are as follow; the first group of subjects, the basic liberal arts, included Freshman

Seminar I and II, Chemistry, Physics, Biology, Computer literacy, English, Chinese, Korean and Russian, and Sport and Health, plus others. The second group was the liberal arts subjects, considering a preparatory subject group in healthcare and welfare, including Psychology, Ethics, Biology, Mathematics, International Relations, Economics, Comparative Cultural Studies, Sociology and others. The third group, named the basic subject group of health and welfare, was a core curriculum including Health Statistics, Theory of Human Relations, Human Nature, Counseling methods, Health and Welfare, Science for living environment, Health and Social Services, Bioethics and others. The fourth group, speciality core subjects, included Anatomy, Anatomical Practice, Physiology, all subjects which are related to medicine. The fifth group, specialty advanced subjects in each department, including lectures on each specialty.

The concept of collaborative education in the first year was as follows. Students of both schools of medical technology and social welfare take the same subjects and courses, and understand the contents of lectures in the same way. However, it was soon realized that this would be difficult, because there was a difference in the scope and depth of understanding for each department. This was rectified after 2002, the second year after establishment by changing the contents to suit each department. At orientation time of Freshman Seminar II in the second semester of 2002, students were encouraged to make friends in other department, and this was the first step to ward collaboration among experts as the goal. However, in the questionnaire given to faculty members at the end of the semester, there was doubt about continuing Freshman Seminar II because the students had friends from other departments through club activities and it seemed that the goal had already been accomplished. On the other hand, Freshman Seminar II was overwhelmingly and positively supported by

students. In 2003, the significance of Freshman Seminar II, the theme of investigative research and the management of all processes were reported in a joint faculty council. In this way, almost all the first year students participated in Freshman Seminar II and as a result, in our university, students were able to have the experience of teamwork beyond the boundary of the department to which they belong in the first year after admission.

Integrated Learning Seminar:

In 2003, a possible revision of the curriculum after 2005 was discussed and a new project, the “integrated learning seminar” for fourth year students was proposed by a committee for educational improvement. The seminar was planned to be like a case conference in a hospital, in which various staff would discuss a case from treatment to discharge planning. The “integrated learning seminar” would be a collaborative joint course that fourth year students (and some third year students) could take as an elective subject. Since they were gradually establishing their own specialty, they would be able to evaluate a client or a patient and understand from the standpoint of other specialties as well as their own.

For this reason, we decided to conduct trial courses from 2004. A volunteer with quadriplegia participated in the program, playing the role of a patient with a medical history of quadriplegia. Although the number of participating students from the five departments was limited, they were able to evaluate and discuss the case, and made a plan of how he could live by himself and he could be supported. The course’s content was “to consider what we can do generally as QOL supporters and how the students of each department could evaluate simulated patients from each field’s viewpoint through a case conference”.

From the year 2005 to the present:

In 2004, the integrated learning seminar was carried out using the “hospital model”, evaluating a case conference in a hospital. In 2005, when the new department of health and sports was started, a “community model” was added to the program. Its’ purpose was “to support voluntary administration for the health for community residents by collaboration between the two departments from the standpoints of exercise and nutrition, in addition to discussing the possibility of conducting a health class in a general sports club in the community and its method”. The integrated learning seminar was conducted, subjecting the users of a community sports club, an NPO, in a gymnasium in the city near the university. Students from the departments of physical therapy and health and nutrition participated in the course.

Regarding the graduate school started from 2005, we offered “a study of collaborative working health and welfare” as one of the common subjects of the master’s course. Its purpose was to learn possible solutions using collaboration between health care and welfare professionals. In 2005, for example, fifteen students, from a new graduate to a veteran with 27 years’ experience such as PT., OT., dietician and social welfare formed three or four teams (changing their combination of profession every week), discussed and made an answer to a simulated exercise given by a lecturer, from child abuse to a program made for an obese diabetic patient. At the end of the course, the seventh week, the students formed four teams, and each team presented their reports, such as discharge planning for the elderly without family to maintain independence, and what could be done to avoid murder by the mentally disturbed. All these master-course reports have been in the form of proposals in order to help solve the tasks under the current health and nursing care insurance systems.

Future prospect:

1. Reorganization of departments.

In 2007, the organization of the university will change from two schools and seven departments to three schools and eight departments, which are as follows; The School of Medical Technology will consist of four departments, these are Physical Therapy, Occupational Therapy, Speech Therapy, and Prosthetics, Orthotics and Assistive Technology, which are newly started in April, 2007. The School of Health Sciences will consist of the departments of Health and Nutrition, Health and Sports, and Nursing. The School of Social Welfare is formed only by the Department of Social Work including a course in care work. Due to this reorganization, necessity of collaboration among the three fields and eight specialties of health care and social welfare is now becoming clearer. In 2009, the department of Nursing will have fourth year students. Then, there will be more various combinations of models in the integrated learning seminar.

2. Collaborative education in the undergraduate school.

Through the series of course compositions from Freshman Seminar II, the subjects of the core curriculum, to the integrated learning seminar of the fourth year, we have the first step forward an educating system for undergraduate students. Even though all students could participate in Freshman Seminar II, only twenty students could have the experience of integrated learning seminar in 2006. The number of participating students will increase to about 150 in 2007 and 350 in 2008. Then, the cases will have to be presented initially by video to a group of 50 students. After watching the program, they may separate into many smaller groups for discussion. It is most important that the students listen to what other people say and to what they can add to improve the QOL of the elderly. It seems that debate is necessary. It could be said that improvement of the "integrated learning

seminar" is dependent on each student and faculty.

Inter-professional collaboration after graduation:

In order to conduct inter-professional collaboration after graduation, it may be necessary to send a message of the importance of collaboration via the alumni society, established in 2005. By showing the importance of collaboration to students constantly, so graduates will conduct collaboration in their place of employment, we have created a program to support the system for self-return in the Niigata Society of Health and Welfare.

Since the course in collaborative education for second and third year students is not well organized at present, this should be solved in the near future. Because such collaborative education is a characteristic of our university, the ultimate evaluation of it will be shown by the action that the students put in practice in actual and voluntary inter-professional collaboration in their workplaces. We must keep an eye on their work with reasonable expectations.

Conclusion:

Here are the features of the results of collaborative education for students who aim toward careers in the health care and welfare fields in Niigata University of Health and Welfare since 2001. It can be said that the practice of inter-professional education is a series of plan, action and check cycles. Although it is expected that these cycles will be proved only when the graduates can conduct collaboration in their workplaces, resulting in benefit for the client, patient and elderly. However, this trial has just begun. The actual outcome will not be realized until one or two decades later. Education is dynamic and it must change constantly in response to the needs of society.

When the on-the-spot experience of graduates provide feedback to the current students, it can

be said that the temporal collaboration will have been accomplished. Further improvement of collaborative education is certainly expected in the future.

Summary:

The practice of “inter-professional education” at Niigata University of Health and Welfare, reported above has been carried out since 2001, when the university was established. In the undergraduate school, subjects for inter-professional education were planned to be included in the curriculum from the university’s establishment. The content of the subjects was described as follows; These were “Freshman Seminar I and II” of the first year, and subjects in the core curriculum of first year and second year where students of all departments could take the course together. An “Integrated Learning Seminar” for fourth year students was added later. Furthermore, in the master’s course of graduate school, a subject of the theory and practice of inter-professional collaboration was also included when the course was established. When alumni have an experience of inter-professional collaboration at work, they are encouraged either to make a report in the annual meeting of the Niigata Society of Health and Welfare or to write of their experience in the alumni bulletin.