

Demonstrating the importance of interprofessional health education through an interactive case competition at Queen's Faculty of Health Sciences

L'importance de la formation interprofessionnelle dans le domaine de la santé illustrée par un concours de cas interactif à la Faculté des sciences de la santé de l'Université Queen's

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Implication Statement

On March 4, 2021, OSLER Kingston and KHealth, student-run organizations at Queen's Faculty of Health Sciences, hosted a two-hour-long virtual interprofessional case competition called "OSLER x KHealth IPR Case Competition: Homelessness," focusing on housing insecurity and homelessness. This event demonstrated that integrating interprofessional education (IPE) competencies into educational experiences of health professional students is feasible to organize and implement while also being valuable. Students who participated found IPE to be helpful for their learning. Consequently, we encourage medical school curriculum leaders and student-led groups to prioritize IPE in their preclerkship curricular and extracurricular offerings.

Énoncé des implications de la recherche

Le 4 mars 2021, OSLER Kingston et KHealth, deux organisations étudiantes de la Faculté des sciences de la santé de l'Université Queen's, ont organisé un concours virtuel de cas interprofessionnels d'une durée de deux heures intitulé « OSLER x KHealth IPR Case Competition : Homelessness », qui portait sur l'insécurité du logement et l'itinérance. Cette activité a montré qu'il est non seulement possible, mais aussi utile d'intégrer les compétences en formation interprofessionnelle (FIP) dans le parcours d'apprentissage des étudiants des professions de la santé. Les étudiants qui y ont participé ont trouvé que la FIP était utile à leur apprentissage. Nous encourageons donc les responsables de programme des facultés de médecine et les organisations étudiantes à donner la priorité à la FIP dans leurs activités de preternat et hors programme.

Introduction

Interprofessional collaboration leads to improved professional practice and healthcare outcomes.¹ Interprofessional education (IPE) is a framework used to mimic these real-world team settings in academic settings. Integrating IPE in medical education is critical for fostering health teams that address patient concerns through a multifactorial lens, thereby fostering trust in healthcare systems and improving patient experiences.²

We discuss an IPE-focused interdisciplinary case competition between the interprofessional portfolios of

OSLER Kingston and KHealth. This was the first event of its kind hosted at Queen's University since 2012.³

This event attracted students from medicine, nursing, and rehabilitation sciences. Participants were introduced to a fictional case of a patient experiencing homelessness and presenting to the emergency department with various physical and mental health concerns. The case and associated questions were developed using the six competency domains of the CIHC National Interprofessional Competency Framework.⁴ In interdisciplinary teams, students reflected on systemic barriers a patient experiencing homelessness might

encounter, designed a care plan addressing the patient's top health concerns, and discussed additional resources and supports. Teams then presented their findings to a panel of three judges with expertise in case-related topics. Judges scored each team's care plan based on a rubric originating from the Canadian National Health Care Team Challenge, awarding points for case understanding, plan feasibility, diverse team member involvement, and effectiveness of teamwork and collaboration.⁵ Winning team members received a small prize, with the overall event costing below \$150.

Post-event, a voluntary and anonymous survey was administered. Of 16 participants, seven responded (44% response rate). Respondents were representative of all health programs and the overall group. Six respondents (86%) strongly agreed that they found the case study to be appropriately challenging, thought the event was well-formatted, and were satisfied with the event overall, while all seven respondents (100%) strongly agreed the event was relevant and helpful for their professional development and declared their interest in participating in similarly-structured initiatives in the future. Suggested topics for future events included countering racial discrimination in healthcare, care for Indigenous Peoples and immigrants/refugees, combatting mental illness stigma in healthcare, and the role of substitute-decision makers in patient care. Additionally, use of a validated tool for guiding students' personal reflections and group deliberations may be considered.

There is growing concern that existing healthcare systems are not inclusive enough to adequately serve all populations in Canada.⁶ To better address health inequities resulting from various social determinants of health, new tools and strategies for health education and comprehensive care provision are required. We are hopeful that the success of this event will highlight the need to incorporate IPE as a key educational priority for all health professional students. Medical schools across Canada are encouraged to offer more curricular and extracurricular opportunities that prioritize collaboration amongst health professional students. We also surmise that collaborative team based approaches may add value

by increasing trust and cooperation. This may be a strategy to mitigate health care provider burnout that can be explored further. This work was exempted from REB review.

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