Introduction

Health professionals need to work collaboratively in interprofessional teams to provide safe, optimal, effective and efficient patient-centred health care. Embedding interprofessional education (IPE) in the workplace contributes to the development of interprofessional teams. Decisions about ‘what’ and ‘how’ IPE can be embedded in the workplace are required.

This study aimed to identify existing IPE activities in the workplace and explore clinicians’ perspectives of the opportunities and challenges for designing and delivering workplace IPE programs.

Methods

A qualitative, exploratory case-study design was utilised to investigate existing workplace IPE activities in a 2,065-bed, metropolitan, teaching health care network. An IPE activity was defined as structured education activity that purposely combined pre- or post-registration learners from different professions to facilitate learning between professions. Clinicians involved in the design and/or delivery of workplace IPE were invited to participate.

Semi-structured interviews were conducted to discuss clinicians’ existing programs and perspectives of the opportunities and challenges facing future work. Interviews were audio recorded, transcribed and thematically analysed using NVivo (Version 11).

Results

Existing IPE activities and pharmacy involvement

Fifteen clinicians were interviewed representing medicine (n=3), nursing (n=2), occupational therapy (n=2), pharmacy (n=2), physiotherapy (n=2), psychology (n=2), social work (n=1) and speech therapy (n=1). The 21 IPE activities identified included student, new graduate/intern and continuing professional development programs. Figure 1 details IPE involving pharmacy.

Opportunities and challenges

Three dominant themes with sub-themes for designing and delivering workplace IPE programs were identified (Figure 2).

Discussion

A range of workplace IPE activities targeted towards different learner cohorts were identified. Pre-registration student placements were an under-utilised opportunity for workplace IPE, although logistics were a challenge (Figures 3-5). In addition to the organisational challenges associated with workplace IPE, the time and resources required for the design and delivery of integrated IPE should be accounted for. Many of the opportunities and challenges identified could be generalisable to other workplaces.

Conclusion

There is evidence of embedded IPE activities in the workplace. The key finding is that for workplace IPE to be developed and sustained, a combination of clinician, organisational and IPE factors should be considered from the planning stages. Leadership, education skills, dedicated education roles/portfolios, collaborative design/delivery and expansion of existing education resources are also factors for success.

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