European Healthcare Students’ Associations
Summit

Joint Policy Paper on
Interprofessional Education

EUROPEAN PHARMACEUTICAL STUDENTS’ ASSOCIATION
DECEMBER 2016
Summary of recommendations

EHSAS member organisations call on educational institutions to:

1. Include patient-centred care at the core of all medical related courses for healthcare students and stress the importance of strong multidisciplinary teams as a key aspect of patient-centred care.

2. Recognise interprofessional education as a key component of healthcare students’ curricula to optimally prepare healthcare students for their future roles in developing multidisciplinary care teams in patient-centred health systems.

3. Promote interprofessional collaboration amongst future healthcare professionals through implementation of interprofessional education in undergraduate, postgraduate and continuing professional education.

4. Include interprofessional education as a practical component in specific subject areas of the curricula such as patient counselling, public health, ethics, communication, patient education, emergency care, continuity of care, research and interdisciplinary care and teamwork, where practice-based examples are discussed by students from different healthcare disciplines.

5. Ensure sufficient training of healthcare students on the roles and responsibilities of other healthcare professionals to foster communication on the future professional level.

6. Support interprofessional extracurricular activities organised by student associations on the local, national and European level.
1. Introduction

Throughout the years, a collaborative approach between all healthcare professionals has become an essential element of healthcare\(^1\). Accompanied by an extensive body of literature, as students and future professionals in this field, we have identified the importance of interprofessional education (IPE) as a precursor to effective interprofessional collaboration (IPC). Throughout European healthcare faculties, IPE is widely underrepresented in curricula\(^2\). We believe that in order to prepare students to become both efficient and effective collaborators in the field of healthcare, education and training programmes also have to embrace and reflect this. In order to emphasise the importance of IPE, student associations participating in the European Healthcare Students Associations’ Summit (EHSAS), namely, the European Pharmaceutical Students’ Associations (EPSA), European Dental Students Association (EDSA), European Federation of Psychology Students’ Associations (EFPSA) and the European Medical Students’ Association (EMSA) collaborated in the development of this policy paper. Throughout this paper, the results of a European-wide survey are analysed and discussed in relation to the various positive aspects associated with IPE and IPC.

The definition of Interprofessional Education, provided by the World Health Organization (WHO) in 2010 was “members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other”\(^3\).

**Learn more about each other’s profession**

Interprofessional education can be seen as an important and crucial aspect in the training and development of early graduates in the field of healthcare who possess a strong appreciation of this approach, in addition to a strong set of skills. Interprofessional education provides students with the opportunity to interact with like-minded individuals, share ideas and experiences and gain a holistic view of the healthcare system whilst simultaneously developing ideas about how to improve it. As students from different health professions and healthcare systems, we understand the importance of IPC and view IPE as a key contribution to the development of IPC. As stated by WHO, interprofessional education and collaborative practice is regarded as one of the key components for instructional and institutional reform needed in health professionals’ education globally, to ensure graduates are equipped with the competencies needed to address the health needs of populations in the 21st century\(^4\). IPE provides an ability to share skills and knowledge between professions
and allows for better understanding, shared values and respect for the roles of other healthcare professionals.

Patient-centred healthcare
Healthcare provision in Europe is increasingly patient-centred, with the patient becoming an active participant rather than a passive recipient of healthcare\(^5\). This ongoing trend is highly supported by EHSAS member organisations.

In the recently launched joint European Commission and OECD report “Health at a Glance: Europe 2016”\(^6\), it was stated that “Achieving greater patient-centred care entails developing new models of shared-care based on multidisciplinary practice and modernising the role of health professionals to best meet complex healthcare needs. Both changes have the potential to lead to efficiency and quality gains in primary care”.

Interprofessional education - good practices
A study evaluated the effectiveness of IPE in changing attitudes after a training recently introduced to medical education for second-year students at the University of Padova, Italy. The results indicated that IPE training has a positive influence on students’ understanding of collaboration and better attitudes in interprofessional teamwork.\(^7\)

Other good examples of IPE are the models of collaborative and IPE which consist of a didactic programme, a community-based experience and an interprofessional simulation experience at the Rosalind Franklin University of Medicine and Science, the University of Florida and the University of Washington\(^8\).

Ethics
A common structure used to describe basic medical ethics is the “four principles” postulated by Beauchamp and Childress. It describes four basic values that are key to the treatment of patients: respect for autonomy, beneficence, non-maleficence and justice. For us, as future healthcare professionals, it is obvious that such an approach can only be met with a collective effort of all professionals contributing to a patient’s treatment. Advancements of modern day medicine mean it is no longer enough to only have one healthcare professional treating the patient to achieve the best outcomes. Thus, we consider that in order to fulfill our moral commitment and put the patient’s first we need to have a collaborative approach with other professions in healthcare. This is underlined by a recent Cochrane Review, connecting interprofessional communication to increased patient safety\(^9\).
2. Survey

Methodology
An online survey targeted at European students of medicine, nursing, pharmacy, dentistry and physiotherapy was conducted between 24th November 2014 and 5th December 2014. The survey was designed by student representatives of EMSA, EPSA, EDSA, ENSA (European Nursing Student Association) and ECPTS (European Confederation for Physical Therapy Students). The design of the survey can be found in Appendix 1. It contained eight questions with a mix of multiple-choice and open-ended questions. The questions were focused on the current state of IPE and the opportunities offered by schools, universities and student associations. Respondents were also asked about the kind of IPE they would like to see developed, as well as whether they envision themselves working as part of interprofessional healthcare teams.

All European students of medicine, nursing, pharmacy, dentistry and physiotherapy were eligible to take part in the survey. The survey was communicated to them through student associations, student representatives and an online social media campaign. Answers were collected via the SurveyMonkey platform.

Statistical calculations were performed with the help of SPSS 23 software. Manual screening of open-ended questions was performed by 3 student representatives (from EMSA, EPSA, and EDSA) not involved in the study design, who independently screened all results before gathering their findings. The statistical evaluation can be found in Appendix 2.

Results
In total 1494 responses were collected from 36 European countries, which were spread across the various fields of study, with the highest populations being respondents who had followed or were following a pharmacy course. Information on the geographical distribution and the characteristics of the surveyed population can be found in Appendix 3 and 4. One aspect to draw attention to is the fact that 90.3% of the respondents agreed that all healthcare students should have IP contact during their education within the curriculum, while over 90% of the respondents considered interprofessional contact as extremely important in their education, but only 53.2% were currently being offered these
opportunities in their education. Therefore, it is no surprise that only 14.6% of the students were satisfied with the current level of interprofessional contact during their studies. Of the respondents 44.8% declared that their student association offered some sort of interprofessional opportunities.

Based on the current situation, the most prevalent form in which the interprofessional aspect is covered within education is through courses in which students from other professions participate. Joint practical work and patient interaction was picked by 67.1% of the respondents as the IPE opportunity they would like to have offered at their faculty, but it is only experienced by 17.6% of the students.

The last question of the survey assessed respondents’ opinions on the following sentence: “We envision the student of our sector will be working as a part of an interprofessional healthcare team in the future”. In total, 95.2% of respondents agreed or strongly agreed to this statement.

A summary of the 1145 results on the open-ended questions is given in Appendix 5 and Appendix 6. Potential topics which can be subject of interprofessional courses were also provided by respondents, with the most common answers being:

- Patient counselling;
- Roles and responsibilities of every healthcare professional;
- Patient education, health education, health promotion;
- Emergency care and CPR;
- Noncommunicable diseases;
- Prevention and common risk factors;
- Public health, especially international hot topics such as antimicrobial resistance and vaccination;
- Healthcare systems and how they function;
- Ethics, professional behaviour, legal obligations;
- eHealth;
- Continuity of care;
- Interdisciplinary care and teamwork;
- Communication skills, social contact;
- Research (basic, clinical, applied), if possible with collaborative research projects.
3. Discussion

The survey demonstrated the high consensus among students that IPE is currently underused in European healthcare educational systems, while it is considered by both students and literature, as essential for ensuring a high-quality patient-centred care approach.

Almost half of the surveyed students indicated that they are not offered any kind of IPE opportunities at their school/university. Whilst some possibilities for IPE exist, they mostly involve shared courses and no particular interaction between students of different curricula is expected. This is far from enough to meet students’ expectations and they they wish for more IPE to be integrated in their curricula. Interaction and opportunities to work in multidisciplinary teams with other healthcare students to solve practical issues or interact directly with patients is lacking. Many students also favoured a more practical approach to IPE, this could be included in their mandatory internships.

Surveyed students want more proximity with other healthcare students and want opportunities to interact and build good practices with other professions and learn more about the roles of different healthcare professionals so that they can identify further opportunities for collaboration. Many topics for future IPE were suggested by students; the most prevalent ones are given above. Subjects range from basic science to soft skills. It is the belief of respondents that IPE will foster collaboration and strengthen knowledge, leading to a higher quality of care for patients.

Interprofessional opportunities also present themselves during extracurricular activities provided by scientific societies and student associations, who play a key role in such events. These opportunities are provided through workshops and seminars, as well as other joint projects as described in Appendix 7. Training of association leaders is essential in this field. National and international student organisations should lead by example by committing to IP projects, but also support from the universities should be provided for projects and associations which provide opportunities for IPE so these best practice can reach everyone and be disseminated through the student communities.
4. Conclusion

Healthcare students all across Europe strongly agree that it is essential for IPE to be included in their curricula in order to become a future part of a multidisciplinary care team centred around the patient. The survey results highlighted that students strongly support more frequent use of IPE opportunities in the curricula.

Together with scientific evidence proving the need for and importance of IPE for healthcare students, this paper calls for action by educational institutions across Europe to implement IPE as a key component of the curricula and stimulate IPC from the beginning of undergraduate studies, so that students in all healthcare professions graduate with an open, and collaborative mind able to work as part of patient-centred, and multidisciplinary teams.

To conclude, EHSAS member organisations call on educational institutions to:

1. **Include patient-centred care at the core of all medical related courses for healthcare students** and stress the importance of strong multidisciplinary teams as a key aspect of patient-centred care.

2. **Recognise interprofessional education as a key component of healthcare students’ curricula** to optimally prepare healthcare students for their future roles in developing multidisciplinary care teams in patient-centred health systems.

3. **Promote interprofessional collaboration** amongst future healthcare professionals **through implementation of interprofessional education** in undergraduate, postgraduate, and continuous professional education.

4. **Include interprofessional education as a practical component in specific subject areas of the curricula** such as patient counselling, public health, ethics, communication, patient education, emergency care, continuity of care, research and interdisciplinary care and teamwork, where practice-based examples are discussed by students from different healthcare disciplines.

5. **Ensure sufficient training of healthcare students on understanding the roles and responsibilities of other healthcare professionals** to foster communication on the future professional level.

6. **Support interprofessional extra-curricular activities** organised by student associations on the local, national and European level.
5. About EHSAS

5.1 European Healthcare Students Associations Summit

EHSAS marks a milestone in the development of interprofessional collaboration among students in the healthcare sector. Heads of the European healthcare students’ associations (ECPTS, EDSA, EMSA, ENSA, EPSA) held their first Summit on December 15th, 2014 in Brussels, Belgium. EHSAS is especially devoted to interprofessional collaboration between healthcare students, fostering patient safety and continuity of care. At the moment, ECPTS is no longer participating in the Summit, whereas EFPSA, the European Federation of Psychology Students’ Associations, joined the platform in 2015.

5.2 EPSA

The European Pharmaceutical Students’ Association (EPSA) is the umbrella association representing 160,000 pharmacy students within 43 member associations from 35 countries across Europe. EPSA is actively engaged on both student and professional level, bringing pharmacy, knowledge and students together and encouraging personal development of its members. EPSA facilitates discussion between member associations by being a platform for sharing knowledge and best practices. EPSA also acts as the voice of pharmacy students in Europe and advocates their interests. By organising events on a European level, EPSA ensures knowledge transfer as well as social and cultural exchange.

5.3 EMSA

The European Medical Students’ Association - Association Européenne des Étudiants en Médecine (EMSA) is a non-profit, non-governmental organisation representing medical students from all across Europe. Founded 1990 in Brussels, it is the only voice of students within the European Medical Organisations. EMSA is recognised by the European Parliament, the European Commission and the United Nations. The association provides a platform for high-level advocacy, projects, trainings, workshops and international meetings. Its activities gather around Medical Education, Medical Ethics and Human Rights, Health Policy, Public Health, Medical Science and European Integration and Culture.

5.4 EDSA

The European Dental Students’ Association (EDSA) was founded in 1988 in Paris to represent the interests of dental students throughout Europe. The EDSA members are
National Associations or Local Associations that represent over 65,000 dental students in 30 countries.

EDSA informs students about the EU organisation and politics related to dental medicine and it promotes the harmonisation of dental curricula within European dental schools.

EDSA activities feature student mobility programmes (international exchange programmes run by students), prevention programmes (oral hygiene, oral cancer) and volunteer work ("Pamoja" in Tanzania, a long term project for the promotion of oral health).

EDSA also develops its scope of activities in the European area, notably with strong ties to the Association for Dental Association in Europe and the Council of European Dentists.

5.5 EFPSA

The European Federation of Psychology Students' Associations (EFPSA) was established in 1987 as a nonprofit, student-run federation, at the first International Congress of Psychology Students in Portugal. EFPSA represents a highly diverse network of psychology students working on a voluntary basis by and for psychology students of Europe. The Federation currently consists of 32 Psychology Member Organisations and one Observer Organisation, each of which is represented by a Member Representative. EFPSA attracts more students every year, with the number of its members continually increasing across Europe. The Federation is run by seven Board of Management members and an Executive Board of over 50 individuals; together with the Member Representatives who collectively form the decision-making body of the Federation.

5.6 ENSA

The European Nursing Student Association (ENSA) is an organisation for co-operation between national nursing student organisations or colleges of nursing in Europe. The purpose of ENSA is to bring together European nursing students and representatives from all countries across Europe.

We want to discuss both practical and theoretical parts of our education, look at the differences and similarities, give and receive advice, and help each other understand the world of nursing.

It is a way of stimulating each other to try to change adverse situations. Solidarity is, therefore, an essential quality within the group, and the members can benefit by taking part in it.

ENSA is an advisory body and follows the members’ national policies.

All our work is done by members of ENSA on a voluntary basis.
6. References


(10) Teddy Bear Hospital (TBH) – reducing children’s fear of doctors and hospital environment Amanda Victorine ZY Wong, Jalal Geilani – University of Sheffield, Dr. Andrew Charters – Barnsley Primary Care Trust, Child and Adolescent Unit. Available from: http://www.ucl.ac.uk/teddy-hosp/tbh_barnsley_paper.pdf
Appendix

Appendix 1: Design of the study

1. Country

2. Year of studies
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - other

3. Field of studies
   - Pharmacy
   - Medicine
   - Nursing
   - Dentistry
   - Physiotherapy

4. Which interprofessional educational opportunities does your faculty offer (please select ALL that apply):
   a) Possibility to attend a course with participants who are students of other healthcare professions (pharmacy, medicine, dentistry, nursing, physiotherapy and others)
   b) Possibility to attend a course where you are expected to interact with students of other healthcare professions (lecture/seminar-type of course)
   c) Possibility to attend a course where you are expected to do practical work such as laboratory work or patient interaction with students of other healthcare professions
   d) No courses together with participants who are students of other healthcare professions
   e) Other: _____________________

5. Are you satisfied with the number of opportunities currently offered at your faculty for interprofessional education?
   a) Yes, I am satisfied with the current situation
   b) No, I would like more opportunities for interprofessional collaboration
c) No, I would like less opportunities for interprofessional collaboration

d) I don’t know

6. Which interprofessional educational opportunities would you like to have more? (please select ALL that apply)

a) Possibility to attend a course with participants who are students of other healthcare professions (pharmacy, medicine, dentistry, nursing, physiotherapy and others)

b) Possibility to attend a course where you are expected to interact with students of other healthcare professions (lecture/seminar-type of course)

c) Possibility to attend a course where you are expected to do practical work such as laboratory work or patient interaction with students of other healthcare professions

d) I do not want more opportunities together with participants who are students of other healthcare professions

e) Other: _______________________

7. Do you think that all healthcare students should have contact with other healthcare students during their studies within the curriculum?

☑ Yes
☑ No
☑ I don’t know

8. What topics would you like to have courses on with other healthcare students? (please state topic and which sectors this would apply to, so e.g. “patient counseling, pharmacy and medical students”)

9. Does your education include an opportunity to do an internship that includes an interprofessional component?

☑ Yes
☑ No
☑ I don’t know

If yes, please elaborate

10. Do you think internships for healthcare professions should include an interprofessional component?
11. Does your student association(s) (national or local) organise projects, activities or educational initiatives with other healthcare students?

- Yes
- No
- I don’t know

If yes, please elaborate

12. Do you envision the students of your sector working as a part of an interprofessional healthcare team in the future?

- Yes
- No
- I don’t know

If yes, how do you envision this taking place?
**Appendix 2 - Statistical details of study**

<table>
<thead>
<tr>
<th>Answers</th>
<th>Proportion</th>
<th>n</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not offered any kind of IPE at school / faculty</td>
<td>46,8%</td>
<td>497</td>
<td>71,1%</td>
</tr>
<tr>
<td>Benefit from courses where IP interaction is expected</td>
<td>10,5%</td>
<td>187</td>
<td>71,1%</td>
</tr>
<tr>
<td>Have some courses shared with other healthcare students</td>
<td>25,0%</td>
<td>266</td>
<td>71,1%</td>
</tr>
<tr>
<td>Want more IPE</td>
<td>78,2%</td>
<td>852</td>
<td>73,0%</td>
</tr>
<tr>
<td>Satisfied with the current amount of IPE</td>
<td>14,6%</td>
<td>159</td>
<td>73,0%</td>
</tr>
<tr>
<td>Agree that all students should have IP contact during their education</td>
<td>90,3%</td>
<td>893</td>
<td>66,2%</td>
</tr>
<tr>
<td>Disagree that all students should have IP contact during their education</td>
<td>4,1%</td>
<td>55</td>
<td>66,2%</td>
</tr>
<tr>
<td>Favour internship with an IP dimension</td>
<td>90,3%</td>
<td>742</td>
<td>60,2%</td>
</tr>
<tr>
<td>Would like to engage in IPE in practical work such as lab work or patient interaction</td>
<td>67,1%</td>
<td>659</td>
<td>65,7%</td>
</tr>
<tr>
<td>Would like to engage in IPE with courses where other participants are other healthcare students</td>
<td>58,9%</td>
<td>578</td>
<td>65,7%</td>
</tr>
<tr>
<td>Would like to engage in IPE with courses where it is expected to interact with other healthcare students</td>
<td>58,5%</td>
<td>573</td>
<td>65,7%</td>
</tr>
<tr>
<td>Do not want to have courses together with participants from other healthcare studies</td>
<td>2,2%</td>
<td>20</td>
<td>65,7%</td>
</tr>
<tr>
<td>Students associations offer IP opportunities</td>
<td>44,8%</td>
<td>488</td>
<td>73,0%</td>
</tr>
<tr>
<td>Don’t know if students associations offer IP opportunities</td>
<td>25,8%</td>
<td>281</td>
<td>73,0%</td>
</tr>
<tr>
<td>Students associations do not offer IP opportunities</td>
<td>31,3%</td>
<td>341</td>
<td>73,0%</td>
</tr>
<tr>
<td>Agreement or strong agreement to “We envision the student of our sector will be working as a part of an interprofessional healthcare team in the future”</td>
<td>95,2%</td>
<td>857</td>
<td>60,2%</td>
</tr>
</tbody>
</table>
Appendix 3 - Geographical distribution of survey respondents

Appendix 4 - Characteristics of the surveyed population
Appendix 5 - Word cloud of students’ 1145 answers to open-ended questions

Appendix 6: Some inspirational thoughts found in the answers on the open-ended questions

- “The safety and continuity of care for patients can be vehemently upheld through proper collaboration by members of the multidisciplinary team” (3rd year nursing student, Ireland)
- “We ought to know how one another is working and how we can interact with each other with the sole purpose of taking care of the patient the best way achievable.” (3rd year pharmacy student, France)
- “Working together on cases enabled us to begin networking with future professionals from many different health professions. It also gives us a stronger knowledge base from which to build professional relationships and ask educated questions of other health professions.” (4th year physiotherapy student, Ukraine)
- “There could be a session every now and then where (...) students could get together and talk about their experiences on internship. (...) They could discuss how to better communicate with each other and their patients, anything they think that another profession could change in order to improve (...) and this would also allow for a better sense of community in the hospital as the future professionals would already know each other after they qualify” (4th year nursing student, Ireland)
- “Students know a lot about their respective field but actually very little about other professions’ competences. Our everyday practice and all our patients would benefit a lot from a more developed interdisciplinary professional network.” (4th year dental student, France)
Appendix 7 - Best practices of student associations in the fields of interprofessional education and interprofessional collaboration

- **Interprofessional Twinnet**: Twinnet is a team mobility program that aims to enhance the exchanges among EPSA members allowing the transfer of culture, knowledge, and experiences. In this mobility project three to four groups of students coming from different countries make an exchange among themselves and visit each other. An interprofessional twinnet is organised between faculties of different healthcare professions.

- **Teddy Bear Hospital**: An interprofessional students project where children bring their teddy bear to a fictional hospital. The teddy bear is then treated by different specialists (GP, dentist, pharmacist, etc) in order to introduce them to the child. It is a very popular project, organised in many universities.¹⁰

- **Healthcare Team**: An interprofessional symposium focused on a certain disease or field each year. First, there are 2-3 days of lectures and on the last day, students mixed in interprofessional groups go to the hospital to actually examine and treat patients with that disease. It is organised with the help of senior healthcare workers in the partner hospital.

- **Carpe Remedium**: An interprofessional one day event with lectures, workshops and presentations. It involves pharmacy, medical and nursing students. After the educational part, a “sitsit” (traditional student party from Finland and Sweden) is organised to allow students to socialize and make contacts for their future professional life.

- **World Healthcare Students Symposium**: The biggest international event for healthcare students. Every two years it brings together 500 students of medicine, pharmacy, dentistry, nursing and other healthcare professions from around the world to discuss, broaden their minds and obviously make new friends. The stakeholders are student representatives of EMSA, EPSA, EDSA, IADS, IFMSA, IVSA and IPSF together with the hosting students’ organization (RPSA). The next WHSS will be taking place on November 2017 in Kigali, Rwanda.