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swiss health alliance for
interprofessional
education



Position Paper Regarding Interprofessionality in the Education and Training of Healthcare Professions

1. Summary

The Swiss Youth Health Alliance (SYHA), formed in 2019, is an alliance¹ of student and learner organizations in the healthcare sector, which actively advocates for more interprofessionality in the education and training of healthcare professions. All signing organizations can be found in the appendix.

For SYHA, there is no question that in an increasingly complex healthcare system, interprofessionality must be taught, learned and lived in order to meet the needs of today's increasingly multimorbid patients and to ensure high-quality and all-encompassing care.

This position paper summarizes SYHA's expectations of decision-makers in the field of healthcare education and training and makes recommendations for action.

2. Call to Action

The SYHA demands of the decision-makers that...

... *in educational institutions* ...

- ... interprofessional collaboration is placed at the center of education and training of healthcare professionals, emphasizing the importance of strong multi-professional teams as a key element for patient-centered care. The recognition and comprehension of the different roles and responsibilities should be central to this.
- ... interprofessional education and training is not seen as an add-on to existing education and training, but as an integral teaching format to convey learning content efficiently and sustainably.
- ... interprofessional education and training is to a large extent not taught through classical frontal teaching, but in group work, case-based learning, peer-to-peer teaching, e-learning formats, and in the form of practical work. Special attention should be paid to training areas such as patient counseling and information,

¹ You may find the corresponding list in the appendix.

public health, ethics, communication, emergency care, continuity of care, research, and interprofessional teamwork.

- ... interprofessional, extracurricular involvement in non-profit organizations in the health sector (especially in student associations), as well as research projects is actively supported and promoted.
- ...educators and trainers are trained in interprofessional teaching methods

... in healthcare – including the Federal Government (especially the Federal Bureau of Health (FBoH)) and cantons ...

- ... the hurdles of interprofessional education and training, especially between educational institutions such as vocational schools, higher technical colleges, universities of applied sciences, and universities are to be removed in order to guarantee inclusive and thus broader education and training. The synergies resulting from the cooperation are to be used as a resource for the joint teaching of learning content in the sense of interprofessionality.
- ... sufficient education and training is provided to healthcare professionals regarding the roles and responsibilities of other healthcare professionals to promote communication and coordination in future professional environments.
- ... especially in large cities, the geographical proximity and existing infrastructure of the various educational institutions is used and shared in order to promote interprofessional education and training across the various professional groups at an early stage in education and training.
- ... encounter zones are created where learners and students of all health professions can meet and exchange ideas and experiences.
- ... ensure that sufficient resources are available to enable the large-scale implementation of interprofessional education and training.
- ... digitization in healthcare is used as an opportunity for better networking and interprofessional collaboration.

3. Main Text

3.1. Context and Definitions:

A shortage of specialists, an aging society, increasing specialization of healthcare professions, and growing complexity, particularly with regard to digitalization, are serious challenges for the Swiss healthcare system.² To overcome these challenges, interprofessional collaboration is essential.³

The concept of interprofessionality goes beyond the traditional cooperation and coexistence that the many diverse types of healthcare professions show in their approaches to patient care. Specifically, it is both more effective and efficient than the simple “pooling of competences and knowledge.” Members of interprofessional teams meet as equals and engage in shared decision-making around healthcare. WHO defines interprofessionality as a method of teaching and an activity that occurs when professionals from at least two professional groups work together and learn from each other in terms of effective collaboration that improves the outcomes of measures taken in healthcare (WHO 2010).⁴

Interprofessional collaboration begins in education, which is a prerequisite for its subsequent implementation in the workplace: *«Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. [...] Interprofessional health-care teams understand how to optimize the skills of their members, share case management and provide better health-services to patients and the community»* (WHO 2010)

The goal is to unite students and learners from different fields that share a common aspiration during their education and training to create promising odds for optimal cooperation later on in their professional lives. For this, interprofessional collaboration must become an integral part of the curricula of future healthcare professionals. This leads to an increased mutual understanding and the combination of knowledge and experience. This results in safer, more cost-efficient, and higher quality patient care – in short: patient care is improved substantially.^{5,6}

² Strategie Gesundheit 2030, BAG

³ World Health Organization (WHO), Framework for Action on Interprofessional Education & Collaborative Practice. Geneva, Switzerland, 2010 verfügbar auf http://www.who.int/hrh/resources/framework_action/en/ besucht am 12.02.15

⁴“Förderprogramm Interprofessionalität im Gesundheitswesen 2017-2020”, BAG www.bag.admin.ch/fpinterprof

⁵ CAIPE (2013) Introducing Interprofessional Education, (Barr, H. & Low, H.)

⁶ Strategie Gesundheit 2030, BAG

It is important to distinguish the term *interdisciplinarity* from interprofessionalism, the former specifically describes the collaboration of different medical disciplines, such as in an interdisciplinary tumor board. Interdisciplinarity is also highly important, but usually focuses on individual disciplines and is therefore not part of this position paper.

3.2. Current Situation and Efforts

There is a need for an improved integration of interprofessionalism in education. According to a survey of 1,137 Swiss medical students in December 2019, 62.7% were of the opinion that interprofessionalism should be promoted more in medical studies.

Currently, uncoordinated individual attempts to integrate interprofessionalism into education and training can be found in Switzerland. Thus, its relevance seems to be recognized, but unfortunately the implementation so far is not acceptable for the SYHA and, apart from some exceptions (see section 3.5), barely sustainable.

The following example shows that interprofessionalism is no longer a foreign term in the curricula:

With the implementation of PROFILES⁷ as a continuation of the SCLO (Swiss Catalogue of Learning Objectives), interprofessionalism should have attained a more prominent position in medical studies. The "Collaborator" as one of the seven roles that a prospective medical doctor should be educated in by the end of the study program, based on the CanMED system, focuses on the goal of interdisciplinary and interprofessional collaboration. This role describes the medical doctor as a team player who effectively collaborates in interprofessional partnerships to provide optimal patient care, education, and research.

Specific goals of this role include:

1. *recognition and comprehension of the various roles and responsibilities of healthcare professionals in the treatment of the patient*
2. *respectful communication and shared appreciation amongst colleagues and the inclusion of every team member in all relevant interactions.*
3. *participation in team building strategies and conflict resolution efforts based on the model of interprofessional education and treatment, as well as the definition of overlapping responsibilities*
4. *prioritization team needs over one's own with the aim of optimizing treatment*

⁷ Michaud PA, Jucker-Kupper P, and members of the Profiles working group. PROFILES; Principal Objectives and Framework for Integrated Learning and Education in Switzerland. Bern: Joint Commission of the Swiss Medical Schools; 2017.

Furthermore, interprofessionality is considered fundamental in PROFILES for the care of chronically ill and multimorbid patients.⁸

The basis for the integration of interprofessional education and training has already been established in other study programs. The most prominent ones of which are: nursing,⁹ pharmaceuticals,¹⁰ ergotherapy, midwifery, nutrition and dietetics, and physiotherapy.¹¹ The implementation of curricula with a prominent focus on interprofessionality as fast as possible is crucial.

3.3. Benefits of Interprofessional Education and Training

First and foremost, SYHA sees interprofessional education and training as a benefit for patients: for example, well-functioning interprofessional collaboration has positive effects on patient satisfaction, on work culture, and on reducing clinical error rates in the emergency department; moreover, it has been shown to have positive effects on cooperative team behavior in operating rooms and emergency departments, as well as on the competencies of mental health professionals in the context of providing patient care.^{12, 13}

Additionally, an interprofessionally designed curriculum enables future health professionals to interact with each other, consult and work collaboratively, regardless of their educational and training background. Hence, the understanding of future roles is facilitated and prejudice can be prevented. This mutual recognition creates a better division of labor according to competencies, strengthens communication, and reduces tensions and conflicts between healthcare professionals resulting in a better workplace atmosphere.¹⁴

Furthermore, interprofessional education and training allows healthcare professionals to anticipate challenges and obstacles of teamwork, which enables the group to respond optimally to health needs, to increase efficiency, and thus to achieve a cost reduction for the health system.

⁸ Ein Entrusted Professional Activity (EPA) spezifiziert dies als folgendes Subgoal: “[...] ensure continuity and interprofessional collaboration in caring for chronic and multimorbid patients”.

⁹ Abschlusskompetenzen: <https://www.zhaw.ch/de/gesundheit/studium/abschlusskompetenzen/>

¹⁰ Weiterbildungsprogramm: Fachapotheker in Offizinpharmazie,

<https://www.fphch.org/documents/50227/79508/2019-05-22+Weiterbildungsprogramm.pdf/>

¹¹ https://www.bfh.ch/dam/jcr:a7c3a54e-b0eb-4a04-981b-14c5a303fetc/2020_Flyer_Interporfessionalit%C3%A4t_4-seitig_web.pdf

¹² Reeves S1, Zwarenstein M, Goldman J, Barr H, Freeth D, Hammick M, Koppel I. Cochrane Database Syst Rev.; Interprofessional education: effects on professional practice and health care outcomes. 2008(1).

¹³ Reeves S1, Perrier L, Goldman J, Freeth D, Zwarenstein M. Cochrane Database Syst Rev.; Interprofessional education: effects on professional practice and healthcare outcomes (update). 2013(3)

¹⁴ BAG-Broschüre, S. 26, CAS “interprofessionelle spezialisierte Palliative Care”

This is in line with the 'Gesundheit 2030' strategy of the Federal Office of Public Health (FOPH), which recognizes that profuse, inadequate, and insufficient care have a significant impact on healthcare costs and quality, and therefore it aims to improve coordination.¹⁵

Ultimately, an interprofessionally educated and trained team is better equipped to learn from mistakes and thus increases safety for all involved - including patients. In summary: *"Health care workers who are educated and trained to work together can reduce risks to patients, themselves and their colleagues and when they manage incidents proactively and maximise opportunities to learn from adverse events and near misses."*¹⁶

3.4. How to Overcome Challenges?

SYHA points out that there are a number of difficulties to address and overcome in introducing such education and training, particularly in relation to full, rigid curricula, a misaligned model performance of interprofessionalism, insufficient resources, and a lack of recognition of the need for interprofessional education and training, inadequate collaboration and understanding among educational institutions, and an outdated view of models for the education and training in interprofessionality.

3.4.1. Full Curricula

The curricula of future healthcare professionals are often full and relatively one-dimensional due to numerous competencies that need to be taught. Thus, the concern that the implementation of new subjects is at the expense of previous subjects is understandable. In order to prevent this, SYHA suggests to fundamentally rethink the curricula and study regulations under the aspect of interprofessionality. Thus, competencies taught already should be taught in an interprofessional setting, where this is sensible. In doing so, the previous level of knowledge can be retained and enriched by interprofessional experience. In addition, the advancing digitalization in the healthcare sector should be taken advantage of. The introduction of simulation games (serious games), for example, could also increase efficiency.¹⁷

¹⁵ Strategie Gesundheit 2030, BAG

¹⁶ Australian Commission on Safety and Quality in Health Care, National Patient Safety Education Framework, S. 10, 2005 verfügbar auf <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Patient-Safety-Education-Framework-2005.pdf>, besucht am 08. April 2020

¹⁷ Kapralos B. , Johnston C., Finney K. and Dubrowski A., A Serious Game for Training Health Care Providers in Interprofessional Care of Critically Ill and Chronic Care Patients, Journal of emerging technologies in web intelligence, Vol. 3, No. 4, November 2011 <http://www.jetwi.us/uploadfile/2014/1223/20141223105928696.pdf>

3.4.2. Unfavorable Environment in Healthcare Institutes

SYHA recognizes another challenge in still existing rifts between the different healthcare disciplines. When a young healthcare professional is placed in such an environment, stereotypes are implicitly taught, which is detrimental to future interprofessional collaboration. This effect is exacerbated when teachers themselves have had bad experiences with interprofessionality or even still face it on a daily basis.

Therefore, SYHA would like to emphasize that an implementation of interprofessionality can only be successful if it is also lived by professionals in this way.¹⁸ Consequently, it is imperative that interprofessional programs are also offered as part of additional education and training to ensure that adequate interprofessionality is maintained.

3.4.3. Unfavorable Environment in Education:

In addition, SYHA considers the lack of acceptance of interprofessionality in education and training to be a detrimental factor. We believe that at least some of the people who teach and train healthcare professionals do not know about the importance and necessity of interprofessional teaching methods, or simply do not recognize them.

It is therefore indispensable for a successful implementation that teachers in educational institutions are educated and supported in their efforts to show courage and initiative in order to build interprofessional programs.

Another limiting factor is the teachers' time-related availability and capacity to develop such programs. Educational institutions must ensure that sufficient resources are available to enable implementation. This can be done, for example, through an interdisciplinary team of coordinators, such as the IPE Expert Network Zurich¹⁹.

3.4.4. Inadequate Cooperation

According to the SYHA, for the introduction of interprofessional education and training, it is crucial that leading figures in the field of health and education work together with the will to update, expand, and revise the existing curricula. As the situation presents itself now, the diverse range of educational institutions and the poor cooperation and communication among them present an organizational challenge. The SYHA would therefore like to encourage metropolitan areas in particular to take advantage of the rich offer of different education and training programs in order to find decentralized and efficient solutions to build up creative interprofessional teaching.

¹⁸ Institute of Medicine Committee on the Health Professions Education Summit. Health Professions Education: A Bridge to Quality. In: Greiner AC, Knebel E, editors. Washington, DC: National Academy Press; 2003

¹⁹ IPE Expert Network Zürich

<https://www.zhaw.ch/de/gesundheit/institute-zentren/igw/fachstelle-interprofessionelle-lehre-und-praxis/pe-expert-network-zurich/>, besucht am 08. April 2020

3.4.5. Outdated Methods of Teaching:

Lastly, SYHA finds that an outdated view of what 'good' interprofessional education and training methods entail, exacerbates the aforementioned issues. Contrary to common practice, the following examples do not represent good teaching practices:

- frontal teaching attended jointly by several professional groups
- teaching by a person from another professional field, which is limited to the technical and does not address the interaction of the various professional groups in the clinical setting
- the care of a patient without the active participation of all the professional groups involved in the decision-making process regarding the measures intended to be carried out

SYHA emphasized that it is imperative to inform lecturers about these outdated methods of teaching and to train them in the implementation of alternatives (see section 3.5).

Furthermore, it has been proven that integration of this kind works better if the methods of teaching correspond to real, practical experiences of the students and if they work together. Moreover, it is of great importance that the professional environment in which the student is placed reflects this reality and serves as a model for them so that the teaching does not remain pure theory.¹

3.4.6. Assessment of Educational Segments:

What is more, the assessment of attended courses in the interprofessional field can be a problem, as the learning objectives can differ depending on the education and training program and are not always quantifiable. The assessment is further complicated by the lack of experts in this field^{20, 21}.

Additionally, it is necessary that the competencies taught are linked to clearly defined learning objectives that can be evaluated and assessed (e.g. functioning teamwork, clear roles, conflict resolution, group reflection, etc.).

Alternative systems of assessment should also be considered here. For example, it is worth considering grading such courses with "pass" and "fail" instead of an artificial

²⁰ Gilbert JH. Interprofessional learning and higher education structural barriers. J Interprof Care. 2005;19 Suppl 1:87–106. doi:10.1080/13561820500067132

²¹ McKimm J, Sheehan D, Poole P, et al. Interprofessional learning in medical education in New Zealand. N Z Med J. 2010;123(1320):96–106. Published 2010 Aug 13.

grading scale of 1-6. This could also reduce the psychological stress on students caused by graded assessments²².

3.5. Examples of Sustainable Interprofessionality in Education and Training

Below are three examples of meaningful and sustainable interprofessional education and training that are valued by students and learners and that provide clear added value for future healthcare professionals:

- Centre interprofessionnel de simulation (CiS), Geneva
- Zürcher interprofessionelle klinische Ausbildungsstation (ZIPAS), Zurich
- Campus santé - Centre coordonné de compétences cliniques (C4), Lausanne

3.5.1. Centre interprofessionnel de simulation (CiS):

In the Centre interprofessionnel de simulation (CiS), students and trainees from different areas healthcare, namely pharmacists, medical doctors, nutritionists, medical-technical radiology specialists, midwives, nurses, physiotherapists, and dentists, practice together on standardized patients in a hospital setting. This happens, for example, in the context of an emergency scenario, where a rapid, joint assessment of a patient, the efficient division of tasks, and coordination within the team is put to the test.

A second example is the discharge of patients from the hospital, for example to the home environment, where a comprehensive transition and follow-up care is to be ensured as an interprofessional team. Further processes are then discussed with both the patient and their relatives. The aim is to deepen the communication and the relationship between the patient and the professional team and to ensure the aftercare.

In summary, these scenarios are meant to enable the participants to strengthen their interprofessional skills. The focus is on the joint preparation of diagnoses and therapy plans, the exchange of opinions, structured communication, the inclusion of patients and relatives as partners, and conflict management. In addition, students and learners get to know the needs and roles of other participants.

Briefings and debriefings are again led by interprofessional teams of two, which serve as role models and enable participants to experience good team performance first-hand.²³

²² Wasson LT, Cusmano A, Meli L, et al. Association Between Learning Environment Interventions and Medical Student Well-being: A Systematic Review [published correction appears in JAMA. 2019 Feb 19;321(7):709]. JAMA. 2016;316(21):2237–2252. doi:10.1001/jama.2016.17573

²³ Broschüre BAG Interprofessionalität im Gesundheitswesen Beispiele aus der Bildung und Lehre, S. 30ff

3.5.2. Zürcher interprofessionelle klinische Ausbildungsstation (ZIPAS)

It is essential that interprofessional learning methods are used at the beginning of education and training to sensitize trainees to the topic. This increases the readiness of young health professionals for interprofessional collaboration, which has a lasting effect on their attitude towards interprofessional education and training.²⁴

One of the best formats for interprofessional education and training are 'Interprofessional Training Wards' (ITW), where trainees can learn interprofessional collaboration under real conditions, with real patients, and under supervision and guidance. This leads to better learning success, but also to higher patient satisfaction.²⁵

When implementing ITW, care should be taken to integrate supplementary teaching methods into the curriculum, such as problem-based learning, in preparation for frontal instruction. This promises a more sustainable implementation of the program.

ZIPAS is an outstanding Swiss example of interprofessional education.²⁶ This merger of six institutions in the Zurich area resulted in the first Swiss ITW. Students of nursing, medicine, physiotherapy, and ergotherapy, as well as health professionals in training, practice caring for patients together. They are supervised by experienced nurses, senior physicians, and therapists.

This broad collaboration between universities, hospitals, universities of applied sciences, administrations, and foundations is emblematic of overcoming hurdles with the common goal of better interprofessional collaboration.

That these efforts are paying off is also evident in a study by Castro et al. 2019, which was able to impressively demonstrate that joint collaboration among medical students, social work students, and pharmacy students improved teamwork and led to more developed individual skills. Moreover, a survey of patients regarding their perception of the care provided by this interprofessional team resulted in the majority being fully satisfied with their treatment and feeling safe while being cared for by the students.²⁷

²⁴ Coster S, Norman I, Murrells T, et al. Interprofessional attitudes amongst undergraduate students in the health professions: a longitudinal questionnaire survey. *Int J Nurs Stud.* 2008;45(11):1667–1681. doi:10.1016/j.ijnurstu.2008.02.008

²⁵ Oosterom N., Floren L. C., ten Cate O. and Westerveld H. E. (2019) Review of interprofessional training wards: Enhancing student learning and patient outcomes. *Medical Teacher*, 41:5, 547-554, DOI: 10.1080/0142159X.2018.1503410

²⁶ Was is ZIPAS? <https://www.zipas.ch/>

²⁷ Castro MG, Dicks M, Fallin-Bennett K, Hustedde C, Sacks D, Hunter LJ, Elder W. Teach students, Empower patients, Act collaboratively and Meet health goals: an early interprofessional clinical experience in transformed care. *Adv Med Educ Pract.* 2019;10:47-53 <https://doi.org/10.2147/AMEP.S175413>

For the structure of an ITW, please also refer to the guide "How To IPSTA" from the Federal Representation of Medical Students in Germany (bvmd).²⁸

3.5.3. Campus santé - Centre coordonné de compétences cliniques (C4)
(Translated : Health Campus - Coordinated Center for Clinical Competences (C4))

The "Health Campus" project comprises a large facility to be built by 2025. Behind it is an alliance of four educational institutions in the canton of Vaud: "Haute Ecole de Santé Vaud" (HESAV), "La Haute Ecole de Santé La Source", the biology and medical faculties of the University of Lausanne (UNIL), and the "Centre Hospitalier Universitaire Vaudois" (CHUV).

It is going to include three different building complexes: The first is intended for the comprehensive center for clinical competences (C4), the second for the teaching premises of the "HESAV" (La Haute Ecole de Santé Vaud), and the third is supposed to serve as a dormitory for students.

The close, geographical location between the classrooms and the residential facilities allows for and enhances interactions between students from different health professions and opens the doors to improved interprofessionalism. The goal of the new center is to contribute an important part to the education of students of medical students, but also physical therapy, ergotherapy, medical radiography, as well as midwifery and obstetrics, and similar healthcare professions through various simulated real-life situations. Be it with high-tech simulation mannequins or acting patients - different scenarios in "low, medium, and high fidelity" can be practiced, analyzed, corrected, and repeated unhindered without endangering the safety of the patients. The simulations take place on the one hand during the studies in the four partner institutions and on the other hand for further education and training after graduation to perfect the previously acquired skills.

To top it all off, several seminar or conference rooms are supposed to be available to students for preparation, lectures, and debriefings.²⁹

²⁸ How to IPSTA:

https://www.bvmd.de/fileadmin/redaktion/Projekte/IPSTA/Leitfaden_How_to_IPSTA_-_Version_1.0.2.pdf

²⁹ Rapport de Programmation : Campus Santé: C4 et regroupement HESAV
https://www.vd.ch/fileadmin/user_upload/themes/formation/enseignement_superieur/fichiers_pdf/Campus-Sante-Rapport-de-Programmation.pdf

List of Signing Organizations of the SYHA

- AEML, Fachverein Medizin Lausanne



- aseph, Schweizerischer Pharmazienstudierenden Verein



association suisse des étudiants en pharmacie
schweizerischer pharmaziestudierenden verein
associazione svizzera degli studenti in farmacia

- Studentenvereinigung HeaT vom Studiengang Healthsciences and Technology der ETH



- psyCH, Psychologie Studierende Schweiz



- SHEPPS, Studierendenorganisation der Hebammen-, Ernährungs-, Diätetik-, Physiotherapie- und Pflege-Studierenden, BFH



- swimsa, Verband Schweizer Medizinstudierender



- SHAPED, Swiss Health Alliance for Interprofessional Education

