

## Experiential learning of professionalism in ICU using interprofessionalism

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In many clinical practice environments, newly graduated doctors are required to effectively manage acute care situations, communicating with distressed families and to work with multi-professional teams in the acute settings.<sup>1</sup> Presently, professionalism education is also mostly class room based. Many studies point out that doctors are lacking in interpersonal skills and professionalism despite new innovations in this field of education. In addition, the application of physiology and pharmacology principles can be optimally learnt in a critical care environment.<sup>2</sup> Here the knowledge and skills of basic acute care, practical training in bioethics, communication, empathy and team building can be a cornerstone when introduced at an undergraduate level to equip our undergraduates better and mentally prepared them for their future practice in acute care environments. Also, professionalism role modeling can be explicitly reinforced when 'live' feedback is obtained from allied health professionals working as a team with doctors.<sup>3</sup>

Interprofessional based experiential case based learning can reinforce the art and science of medicine in a more humanistic fashion that not only appeals to the explicit nonfactual learning of the medical student but also the implicit hidden curriculum which is imbibed by students.<sup>4</sup> Positive role modeling from experiences shared by other seniors in the form of multi-disciplinary teams can translate the adoption of resilience and coping methods learnt by peers in keeping with the age old model of apprenticeship from yesteryears. Such platforms of interprofessional education or IPE can be easily conducted in the ICU where a multidisciplinary team works in a highly stressed environ to produce a common goal of patient centered care. Students hearing 'stories' of successful management of patients from all aspects of care also develop a keen sense of respect for the other professionals who share our space in the ICU and play a crucial role. Observing team leadership and team management from senior clinical teachers also produces invaluable lessons which may not be taught at any other point. Such IPE sessions can be conducted at low costs

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and with great support from allied health staff in the ICU and lead to better outcomes, better professionalism and better doctors.<sup>5</sup> It also raises the morale of allied health professionals who feel they can voice their roles and validate their share in the successful outcomes of complex patients. Difficult scenarios and ethical dilemmas can also be shared and discussed, often with invaluable insight from all care givers, encouraging the student to develop an emotional intelligence and mindfulness of the trials and tribulations involved.<sup>6</sup>

Interprofessional education has been used widely in clinical and teaching scenarios such as basic life support education and simulation training.<sup>7</sup> However, our IPE programme incorporates medical students learning critical care case based management by discussing patient scenarios from the entire multidisciplinary team including doctors, nurses, physiotherapists, pharmacists and social workers recounting the roles played individually by each health care professional for a common goal. After IRB approval, an educational, observational study was carried out for 6 months to assess the effectiveness of a new acute care Inter-Professional Education (IPE) curriculum in the ICU. A quasi-experimental model using a clinician as a 'medical teacher' was used. This course was conducted in parallel to the clinical core curriculum and covered the core competencies. Sixty two 4th year undergraduate students posted to the hospital for a two weeks anaesthesia training, as well as the ICU allied health professionals participated in the project. In a small group setting, the Principal Investigator (PI) introduced the concepts by means of an interactive lecture and case based discussions led by allied health practitioners to discuss team work, ethical issues and clinical management of each real life case. This was followed by an interactive session with ICU allied health team and medical students whereby the allied health professionals voiced personal input and feedback regarding their workplace interactions, difficulties and emotions. The students then had a focused ICU patient round where the concept of good bedside practice was demonstrated by the PI. Optionally, students were invited to sit in a family conference discussing a patient update or end of life

care. Feedback was obtained via a quantitative survey and qualitative focus group discussions with students as well as from the allied health professionals. Results of the survey based on the 62 responses (100% return rate) showed that 100% felt that the new curriculum model of introducing acute care in the ICU, using multidisciplinary team work, communication and professionalism in an IPE format is a worthwhile initiative. Through this exercise, 80% of the respondents felt differently about critical care. Most students commented that this exercise was eye-opening and informational as it enhanced their understanding of ICU and realized the value of critical care. Focus group sessions with the allied health professionals also provided positive feedback as this exercise created an opportunity for medical students to understand the role of other professionals in a multi-disciplinary team. The students also felt that application of physiology and pharmacology principles can be best learnt in a critical care environment. In summary, through this interprofessional approach to ICU team management

using experiential learning can be a novel and valuable tool for instilling the tenets of professionalism in young undergraduates.

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