Interprofessional education in lower extremity wound care

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Abstract

Background: Wound care has often been perceived to be the domain of the nurse, yet other professions are taking a lead in this specialist area of clinical practice. Podiatrists assess, manage and evaluate the care of lower limb conditions including lower extremity wounds. It is essential that nurses and podiatrists develop partnerships and close working relationships to ensure that patients receive coordinated evidence-based care. *Aim:* To discuss and explore the importance of interprofessional education (IPE) and interprofessional clinical working in achieving effective collaboration between two professions regularly involved in wound care. *Methods:* A focus group (n=6) consisting of nurses and podiatrists was undertaken at the University of Huddersfield, UK. *Findings:* The issues of professional identity, learning to share, documentation and the importance of IPE for nurses and podiatrists were identified as key themes within the discussions. *Conclusion:* IPE is vital if nurses and podiatrists are to understand the roles of each profession in relation to wound care. The need for shared learning opportunities at undergraduate level requires development to ensure that both groups are offered the opportunity to learn together.

KEY WORDS

Nurses
Podiatrists
Wound care
Interprofessional working

Wound care has often been perceived to be the domain of nurses, yet as healthcare services change and specialist services develop, other professions are also taking a lead in developing this specialised area. Podiatrists assess, manage and evaluate the care of lower limb conditions, including the assessment and management of acute and chronic lower extremity wounds. As such, it is essential that nurses and podiatrists strive to develop partnerships and close working relationships to ensure that patients with lower limb wounds receive optimal evidence-based care.

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The importance of professions working and learning together cannot be emphasised enough to ensure that patient care is evidence-based and a seamless service is provided.

Background

The assessment and management of patients with chronic wounds is a complex activity that requires an interprofessional approach to ensure effective, high quality care is achieved. However, Reeves et al (2008) argue that health and social care professionals do not collaborate well together which can negatively impact upon the delivery of health services and patient care (Zwarenstein et al, 2009). One proposed strategy to overcome this is the inclusion of interprofessional education (IPE) into pre-registration health and social care programmes. Zwarenstein et al (2009) stated that IPE offers a possible way to improve collaboration, professional practice and healthcare outcomes.

Defining interprofessional education

The Centre for the Advancement of Interprofessional Education (CAIPE, 2002) stated that IPE occurs when two or more professions learn with, from and about each other to improve collaboration and quality of care. The importance of professions working and learning together cannot be emphasised enough to ensure that patient care is evidence-based and a seamless service is provided. The field of wound care encompasses the skills of many professions, including nurses and podiatrists. Both professions encounter wounds on a daily basis, particularly those associated with the lower limb, and, as such, it is essential that the two professions work in collaboration, maintaining close

communication and sharing of best practice.

The importance of collaboration needs to be promoted throughout undergraduate educational programmes to promote effective clinical practice and to share expertise. Multiprofessional education has long been advocated as a key method for tackling problems with collaboration (World Health Organization [WHO], 1988). It can provide both novice and expert practitioners with shared experiences and knowledge about the work of other healthcare professions and, according to Van der Horst et al (1995), can enhance team working skills. Indeed, the National Institute for Health and Clinical Excellence (NICE) in relation to wound care stated that:

> *An interdisciplinary approach to the training and education of healthcare professionals should be adopted.*
>
> (NICE, 2001: 4)

Yet, as identified by Xyrichis and Lowton (2007), there are barriers that may affect interprofessional working:

- A lack of awareness of professional roles
- Professional stereotyping
- Poor communication — change to regimens without discussion which could prove detrimental to patient care
- Clinical guidelines — although helpful can often be succinctly different for various professional bodies and wound types, causing treatment regimens to change dependent on which profession is using them.

CAIPE (2006) identified some of the key aspects of effective interprofessional education.

IPE works to improve quality of care

No one profession, working in isolation, has the expertise to respond adequately and effectively to the complexity of many service users' needs. A multidisciplinary approach is of paramount importance to ensure that care is safe, seamless and holistic to the highest possible standard. The importance of delivering high quality care has been discussed by the Department of Health (DH, 2009), who stated that a tariff payment system would be introduced to healthcare sectors that would not reward poor quality or unsafe care. Education has been highlighted as an effective method of facilitating change in clinical practice (Gibson and McAloon, 2006), with Harding (2000) arguing that it is the application of this knowledge into everyday practice that is of utmost importance. This clearly identifies that IPE is a vehicle by which practitioners can improve their knowledge and skills base to work in a multidisciplinary fashion, while improving and enhancing the patient's quality of care.

IPE encourages professions to learn with, from and about each other

IPE is more than common learning, as it introduces shared concepts, skills, language and perspectives that establish common ground for interprofessional practice. It is also comparative, collaborative and interactive, a test-bed for interprofessional practice, taking into account respective roles and responsibilities, skills and knowledge, powers and duties, value systems and codes of conduct, opportunities and constraints. This cultivates mutual trust and respect, acknowledging differences, dispelling prejudice and rivalry and confronting misconceptions and stereotypes.

IPE respects the integrity and contribution of each profession

IPE is grounded in mutual respect. Participants, whatever the differences in their status in the workplace, are equal as learners. They celebrate and utilise the distinctive experience and expertise that participants bring from their respective professional fields.

IPE enhances practice within professions

Each profession gains a deeper understanding of its own practice and how it can complement and reinforce that of others. This is endorsed where the IPE carries credit towards professional awards and counts towards career progression.

IPE increases professional satisfaction

IPE cultivates collaborative practice where mutual support eases occupational stress, either by setting limits on the demands made on any one profession or by ensuring that cross-professional support and guidance are provided, if and when added responsibilities are shouldered.

Miller et al (1999) argued that the main goal of IPE was to improve teamwork, overcome functional barriers and improve healthcare outcomes. Indeed, Areskog (1995) and Barr et al (1998) maintained that IPE had the potential to achieve greater collaboration between healthcare professionals by encouraging greater understanding through the creation of a common knowledge base and culture.

Wound care as a discipline promotes the need for a holistic approach to the problems presented; both nurses and podiatrists need to be aware of patients' needs and to be able to solve them in a collegiate fashion. IPE develops an awareness of each profession's role and how each would prioritise and solve the presented problems. Through this awareness, communication skills improve. This, in turn, promotes an assimilation of professional knowledge and skills, thus breaking down professional boundaries.

By reinforcing the commonalities between the disciplines, it is possible to enhance understanding between the professions, enabling practitioners to work towards common clinical goals (Areskog, 1995; WHO, 1988; Barr et al, 2000). Indeed, Darzi (DH, 2008) identified that high quality care for patients is an aspiration that is only possible with high quality education and training for all staff involved in NHS services who provide care in a changing healthcare environment.

Nurses and podiatrists are in an ideal position to be able to collaborate in assessing, planning, implementing and evaluating the physical and psychological needs of a patient with a wound. However, this may only be achieved if the two professions understand the roles of each other.

Furthermore, the DH (2008, p.12) have identified the importance of clinicians working in partnership, stating:

Professional regulation has ensured that practitioners are accountable to their individual patients during their episode of care... clinicians must be partners as well as practitioners.

It is essential that the nurses and podiatrists undertake an element of shared learning and teaching in their undergraduate programmes to prepare them for integration into the multiprofessional team on registration. By educating the two professions in a shared fashion, they will learn to understand each other's role which, in turn, will transpose into clinical environments. This will promote a seamless service of care for the patient with staff understanding the role of each other and referring in a timely and appropriate fashion.

What is the evidence base for IPE?

A recent Cochrane systematic review explored the evidence base for IPE and the effects on professional practice and healthcare outcomes. Four of the six included studies reported positive outcomes with regards patient satisfaction, collaborative team behaviour, reduction of clinical error rates and delivery of patient care (Reeves et al, 2008). While this systematic review reports some positive outcomes, Reeves et al acknowledge that due to the small number of studies and methodological limitations, it is not feasible to draw generalisable inferences about the key elements of IPE and its effectiveness.

An updated Cochrane systematic review found that practice-based interprofessional collaboration can improve healthcare processes and outcomes (Zwarenstein et al 2009). However, similarly, the small number of studies and problems with conceptualising and measuring collaboration means it is difficult to draw generalisable inferences about the interprofessional collaboration and its effectiveness. Zwarenstein et al (2009) recommend further research to explore the impact of IPE and interprofessional collaboration on professional practice and healthcare outcomes, including qualitative methods to provide insight into IPE and interprofessional collaboration in clinical practice.

Nurses and podiatrists are in an ideal position to be able to collaborate in assessing, planning, implementing and evaluating the physical and psychological needs of a patient with a wound.

Methods

The aim of this paper is to discuss and explore the importance of IPE and interprofessional clinical working between two professions regularly involved in wound care through review of the current evidence base and qualitative research approaches. Qualitative approaches allow us, in this case, to gain an insight into interprofessional attitudes and perceptions of collaborative working in the care of patients with lower extremity wounds.

The authors undertook a systematic search of the medical/nursing/allied health and Cochrane databases for articles that focused on IPE and/or interprofessional working between nurses and podiatrists in lower extremity wound care. Electronic searches of bibliographic databases and e-sources were supplemented with manual searches of podiatry and wound care journals that are not available on Index Medicus. Boolean search terms were used from the inception of the databases through to May 2010. Any literature reviews or studies that were not written in English were excluded.

Study design

A small focus group consisting of nurses and podiatrists (n=6) was conducted. This focus group was held at the School of Human and Health Sciences, University of Huddersfield, UK. Purposive sampling was employed to recruit registered nurses and podiatrists from local acute and primary care trusts, who were known to be experts in tissue viability. The aim of the focus group was to examine and explore attitudes, opinions and subjective experiences of registered nurses and podiatrists on interprofessional working in relation to lower extremity wound care, and consider perceived barriers to interprofessional working in clinical practice. Qualitative statements from nurses and podiatrists made during the focus group are presented to identify key areas of discussion.

Focus groups are a form of group interview that capitalises on communication between research participants in order to generate data. The method is particularly useful for exploring people's knowledge and experiences and can be used to examine not only what people think, but how they think and why they think that way (Kitzinger, 1995). Focus groups offer a means of listening to the perspective of key stakeholders and learning from their experiences of the phenomenon. The underpinning assumption of this method is that individuals are valuable sources of information and are capable of expressing their own feelings and behaviours (Clarke, 1999). In healthcare research, focus groups are invaluable for guiding the development of interventions and ensuring that these meet consumer needs (Morgan, 1997; Beyea and Nicoll, 2000). Focus groups are useful to ascertain opinions from a variety of professional groups.

Ethical issues

Ethical procedures are important in any research with the overriding imperative 'to do no harm'. Indeed, Daniel (1993, p.14) states that one of the major guiding principles for ethical consideration, 'is a respect for confidentiality and the anonymity of informants and advisors'. The primary focus of qualitative research is to investigate individuals' experiences of specific phenomena which can give rise to ethical issues. Eide and Kahn (2008) explore some of the ethical issues associated with qualitative research, specifically surrounding the researcher-participant relationship. Qualitative research requires conversation and dialogue between people, therefore it is not always possible to ensure anonymity. In this case, discussions took place between the researchers and nursing and podiatry colleagues from local clinical settings which required a high level of trust. Finch (1984) argued researches have a special responsibility to ensure that this trust is not abused by reneging on commitments, acting deceitfully, or producing explanations that may damage the interests of participants.

Informed consent was gained from all participants before commencing the focus group, and all participants gave their consent for the session to be recorded. Furthermore, participants were made aware of their right to withdraw at any time during the session. The focus group was held until saturation point was met and there were no new emergent themes. Tape recordings were later transcribed by an independent administrator with appropriate training in the technique to minimise researcher bias.

Following analysis of the focus group, the researchers have been able to identify some of the barriers that may prevent effective IPE being undertaken.

Findings — professional identity

During the focus group the issue of 'professional identity' was highlighted as a boundary. One of the podiatry practitioners reflected that:

There is almost this revolution that is going on within health care where we all need to share expertise and share our knowledge, but there still exists this interprofessional jealousy where you know a lot of practitioners don't want to actually give up their rights to do a certain thing.

They argued that although there was a sense of practitioners wanting to maintain their professional identity, it was important that professionals worked together:

Because at the end of the day we have a patient who will benefit from all our expertise because each professional cannot know everything…

Participants in the group debated the concept of professional identity and agreed that a foundation year of shared teaching and learning would assist in relieving anxieties related to identity between groups.

One of the nurses stated that:

Until there is this sort of single core foundation training, I think we will always have this, 'I must hang on to this, it's my profession', I don't want to let go.

The importance of shared learning in university provoked much discussion, identifying that this may assist in overcoming the perceived professional boundaries between the two professions in the clinical areas. It was commented that:

Often the nurses do not really understand our role… they think we are there for basic foot care and do not realise we have undertaken a degree that has taught us about anatomy and how to care for wounds.

'Learning to share'

Education was identified as an important issue to be considered and developed when attempting to reduce the boundaries between the two professions. Participants debated the amount of shared wound care learning that nurses and podiatrists underwent in their undergraduate programmes. It was realised that this was minimal, with one of the participants stating:

Both professional groups have wound care teaching in-built into their curriculum, yet the podiatry students receive considerably more... nurses believe this is their domain while in the clinical areas, yet the teaching input has been minimal… more in-depth learning of wound care issues is undertaken post registration by nurses.

Documentation

Multiprofessional documentation was identified as an area where collaboration could be improved. The clinical participants highlighted that both professional groups maintained their own patient records and, while in the secondary sector the patient notes could be accessed relatively easily, in the primary sector notes were often kept by the professional, making it difficult to access them. Discussion surrounded the importance of hand-held patient notes that would allow each professional to be able to access individual plans of care as and when needed. One of the participants stated that she had witnessed improved communication between the community nurses and podiatrists when both had documented care in one set of notes. However, due to professional regulations, even though both groups had written in the same set of notes, the podiatrists still have to maintain their own notes:

I have certainly found myself when I have been working closely with a district nurse, actually writing in the district nurse's records to keep that continuity of care… then having to write it in the podiatry records to make sure that we had it in our records... one record for the patient would help with some level

of communication that goes on, certainly in the community.

Indeed, one of the nursing participants highlighted that the writing in two sets of case notes sometimes caused problems in trying to maintain continuity of care:

I have found that even though we (nurses and podiatrists) discuss issues together, we don't always write on the same documentation. This can cause problems when a different professional visits the patient and does not have access to the podiatry notes. We see a breakdown in written communication… sometimes leading to plans of care being changed.

Discussions continued until saturation point was met and no new themes were emerging.

Discussion

Over the last decade there has been an increasing emphasis on the need for IPE and interprofessional collaboration in health and social care. McFadyen et al (2010) stated that the increased level of interest in IPE and interprofessional collaborative practice has been welcomed by many governments and the health and social care professions. The integration of IPE into pre-registration/undergraduate curricula is now mandatory within the UK (Pollard and Miers, 2008). However, the notion that IPE results in improved patient care is still to be fully supported through an unequivocal evidence base.

This study sought to discuss and explore the importance of IPE and interprofessional clinical working in achieving effective collaboration between two professions regularly involved in wound care; nurses and podiatrists. A dearth of literature exists in relation to IPE and interprofessional collaboration specific to wound care, however, emerging evidence has reported positive outcomes associated with IPE and interprofessional collaboration in health care (Zwarenstein et al, 2009). Despite the apparent lack of high quality evidence to support IPE, consensus existed across all participants within the focus group regarding the need for IPE in wound care for nurses and podiatrists to reduce boundaries and promote interprofessional collaboration in the management of patients with lower extremity wounds.

Emergent themes, from a small focus group consisting of six registered nurses and podiatrists, suggested that perceived barriers exist that can prevent effective, collaborative working across these two professions.

Emergent themes, from a small focus group consisting of six registered nurses and podiatrists, suggested that perceived barriers exist that can prevent effective, collaborative working across these two professions. Issues of professional identity were highlighted, whereby practitioners may be reluctant to share patient care for fear of losing their role in the patients' management. Inconsistent educational strategies and limited opportunity for shared learning were discussed, along with the need for interprofessional education in wound care, both at undergraduate and postgraduate level. Additionally, it was felt that there is a need to promote awareness of each others' roles in wound care, and to ensure that professionals are aware of the scope of practice of other disciplines involved in wound care.

These findings concur with the findings of Xyrichis and Lowton (2007) who explored professional boundaries and suggested that professional stereotyping, professional identity, inconsistent educational strategies and no exposure to IPE at undergraduate or postgraduate level led to professional boundaries.

Key points

- The assessment and management of patients with chronic wounds is a complex activity that requires an interprofessional approach to ensure effective, high quality care is achieved.
- Interprofessional education needs to be promoted throughout undergraduate programmes to promote effective clinical practice and sharing of expertise in wound care.
- Interprofessional education is a vehicle by which students can improve their knowledge and skills base and help to prepare them for interprofessional collaborative working.

Furthermore, this study has identified the need for common training across disciplines, even suggesting a core foundation for all health disciplines as part of pre-registration training programmes. A notion supported by Pollards and Miers (2008) who undertook a longitudinal study of attitudes to pre-qualifying collaborative learning and working in health and social care in the United Kingdom and found that professionals who had experienced IPE throughout their pre-qualifying education were more positive about their interprofessional relationships than those educated on uniprofessional curricula, and showed positive correlations between their own communicative skills and interprofessional relationships.

Despite the associated benefits of IPE, and the fact that IPE is mandatory within the UK, Gilbert

(2005) has highlighted some of the higher education structural barriers that can hinder the implementation of IPE. These include factors such as professional association requirements, curricular barriers, regulation of health professions, financing and funding of IPE and issues surrounding governance and management. Gilbert (2005) argues that IPE has been slow to develop because the unique ways in which it should be governed and managed are not vested in usual university structures and procedures. Nonetheless, an emerging evidence base has highlighted the potential benefits of IPE in health care. Therefore, IPE learning programmes must be developed in ways to overcome this academic barrier.

Limitations of the study

One major limitation of the study is the small sample size (n=6) which may have led to early data saturation. A further limitation of the study is that the findings could be considered to be the result of a focus interview rather than an in-depth group discussion. Thus, these findings can only be regarded as a baseline for future qualitative research. The sample was taken from one health care trust in a single geographical location and therefore the findings are not transferable. Additionally, the participants were experts in tissue viability who were involved in regular interprofessional collaboration, and who contributed to IPE for nurses and podiatrists at the University of Huddersfield, which may have introduced bias into the discussion.

Conclusion

Interprofessional education is vital if nurses and podiatrists are to understand the roles of each profession in relation to wound care. Shared learning opportunities at undergraduate level require development to ensure that both groups are offered this opportunity. This will lead to discussion as to how each professional group prioritises the needs of the patient with a wound which, in turn, will promote collaborative working in the clinical areas and facilitate improved patient care. WUK

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