Author's response to reviews

Title: Interprofessional education in primary care for the elderly; a pilot study

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Author's response to reviews: see over
Dear doctor Aldcroft,

Attached please find our revised manuscript 1409993388946858 entitled ‘Interprofessional education in primary care for the elderly; a pilot study’.

We are very pleased with your and the reviewers constructive and detailed reaction on our manuscript. We appreciate the opportunity to revise our manuscript for publication.

Below you will find our reaction on the comments. In this response, we provide our reaction in italics to each of the comments. We responded point by point to your comments, along with a clear indication of the location of the revision of the original manuscript.

We are confident that we have successfully addressed all the items you recommend us to revise and we hope that the revised manuscript will be accepted for publication.

With kind regards, also on behalf of the co authors,

Barth Oeseburg
Detailed response

Both Reviewers

Comment 5 Nancarrow

Minor essential revisions: Overall, this is a well written manuscript. However, there are a couple of places where there are some punctuation and pronunciation errors, and where some minor changes would improve the readability. E.g., Under the heading “Advice to improve the program,” the first sentence reads “Different advices were given to improve the program.” There are several other examples like this in the text which require correction. Discretionary revisions

Comment 3

Quality of written English: Needs some language corrections before being published

Our response:
The manuscript is corrected and thoroughly changed by a translator.

In addition, in the abstract:

1. The method section “A mixed methods design including quantitative and qualitative methods was used to evaluate the IPE program.” is adapted in:
   “Ten GPs and 10 practice nurses from 8 primary care practices in two provinces in the north of the Netherlands, Groningen and Drenthe (total population about 1.1 million people), participated in the pilot IPE program. A mixed methods design including quantitative and qualitative methods was used to evaluate the IPE program.”

2. The result section “However, there were some critical remarks on the program and different advices were given on the length and the content of the program.” is adapted in:
   “In addition, the participants gave critical feedback on the program and offered several suggestions for improvement.”

3. The conclusion section “The results of this pilot study show that an interprofessional education program for professionals with different educational levels, i.e., GPs and practice nurses in primary care, is feasible and has an added value on the collaboration and the redefining of tasks and responsibilities among GPs and practice nurses. The results of this pilot and the critical remarks of the participants will be used to develop an adapted interprofessional education program for GPs and practice nurses, and also for a wider range of professionals.” is adapted in:
   “The results of this pilot study show that an interprofessional education program for professionals with different educational backgrounds (GPs and practice nurses) is feasible and has an added value to the redefining of tasks and responsibilities among GPs and practice nurses.”
Reviewer Nancarrow

Comment 1
There are some internal inconsistencies with goals of the program. The abstract and the findings suggest that the goals are to effect the division of tasks and responsibilities. However on p7 of the manuscript, it refers to increasing collaboration between professionals. One of my concerns with IPE / IP practice is that there tends to be a focus on the implementation, without a clear understanding of what the purpose of the approach. The paper needs more clarification of the purpose, and internal consistency of the goals of the IPE program implemented here.

Our response:
We agree with the reviewer.
In the introduction section: “However, IPE in primary care focusing on proactive care, cooperation and collaboration, productive interaction with the elderly and promoting healthy ageing and well-being, is rare in the Netherlands.”
is adapted in:
“At present, however, IPE in primary care is rarely utilised in the Netherlands.”

In the methods section: “The educational aim of the program was to realise more collaboration between both disciplines and a shift in tasks and responsibilities from GP to practice nurse.”
is adapted in:
“The educational aim of the program was to realise a shift in tasks and responsibilities from GP to practice nurse.”

Comment 2
The paper would be strengthened by providing more information about how the IPE program was developed (based on what principles / theory/ literature)? For instance, some of the feedback related to the mode of delivery – how was this mode determined, and what learning can be taken away from this?

Our response:
We agree with the reviewer. UMCG Wenckebach Institute uses a social constructivist approach in their programs. We added more information on the social constructivist approach in relation to the IPE program.

In the methods section, intervention part:
1. “An IPE program, four half day shared sessions, was developed. Draft versions of the IPE program were discussed with expert groups (GPs, practice nurses, geriatrician). The educational aim of the program was to realise more collaboration between both disciplines and a shift in tasks and responsibilities from GP to practice nurse.”
is adapted in:
“An IPE program, based on a social constructivist approach and consisting of four half-day shared sessions, was developed[18]. The social constructivist approach emphasises the collaborative nature of learning. Learning is an active process, embedded in social and physical contexts in which learners construct their own competencies based on prior competencies. Cooperation with others creates the opportunity to define or refine learners’ understanding and to create shared understandings with respect to the division of tasks and responsibilities between GPs and practice nurses. During the IPE program, GPs and practice nurses prepared themselves for the shared education sessions by reading relevant literature and the GP and practice nurse prepared practical assignments based on cases generated from their own local practice. Experts gave short lectures and led the plenary sessions in which the practical assignments were discussed and reflected on. Draft versions of the IPE program were discussed with expert group (GPs, practice nurses, geriatrician). The educational aim of the program”
2. “Session 4 Reflection and feedback on the IPE program. GPs and practice nurses prepared themselves on the shared education sessions by reading relevant literature and the couple GP and practice nurse prepared practical assignments based on cases generated from the local workplace. Experts gave lectures and led the plenary sessions in which the practical assignments were discussed and reflected on”.

is adapted in:
”Session 4: Reflection and feedback on the IPE program. In this session the final practical assignment (session 3) was discussed and reflected on. In addition, the IPE program was evaluated with the participants and appointments were made for further evaluation.”


Comment 3
Table 1 requires more explanation in the text – and if possible, a different form of presentation. Can this be made more visual, for instance (eg maybe use lines rather than numbers in the table if this is possible)?

Our response:
1. We agree with the reviewer. However, before submission of the manuscript we already tried various graph and table forms. In our opinion this is the best form to present the data.

2. In addition, in the results section “During the IPE program a shift in tasks and responsibilities from GP to practice nurses in the primary care practices occurred, especially with regard to tasks and responsibilities on the care plan. In addition, in most primary care practices there is a need for a greater shift in tasks and responsibilities on activities with regard to the care plan from GP to practice nurses in the future (Table 1).”

is adapted in:
“During the IPE program, a shift in tasks and responsibilities from GPs to practice nurses in the primary care practices took place, especially with regard to tasks and responsibilities related to the care plan. A shift in tasks and responsibilities between GP and practice nurses on case finding and medication did not occur during the IPE program. In addition, in most primary care practices there is a need for a greater shift in tasks and responsibilities on activities with regard to the care plan from GP to practice nurses in the future (Table 1).”

Comment 4
The conclusions / discussion need to reflect back more on the processes of implementation than the outcomes of implementation due to the small sample size. For instance, what would they do differently based on these findings? This should reflect back on the way the tool / approach was developed.

Our response:
We agree with the reviewer. In the conclusion and discussion section “The results of this pilot study show that an interprofessional education program for professionals with different educational levels, i.e. GPs and practice nurses in primary care, is feasible and has an added value on the collaboration and the redefining of tasks and responsibilities among GPs and practice nurses. During the program tasks and responsibilities, in particular on the care plan, shifted from GP to practice nurse. The participants’ attitude towards elderly (care) changed and the triage instrument, the practical tool to prioritize preferences of the elderly and discuss their medication use, the development of the care plan had an added value. However, there were some critical remarks on the program and different advices were given on the length and the content of the program. The results of this pilot and the critical remarks of the participants will be used to develop an adapted interprofessional education program for GPs and practice nurses, and also for a wider range of professionals.”
is adapted in:

“The results of this pilot study show that an interprofessional education (IPE) program for professionals with different educational levels, in particular GPs and practice nurses in primary care, is feasible and has an added value to the redefining of tasks and responsibilities. During the program, tasks and responsibilities, in particular with respect to the care plan, shifted from GP to practice nurse. The program had a positive impact on the participants’ attitude toward elderly (care), and the triage instrument in particular was considered to have an added value to the development of the care plan.

Despite the fact that the IPE program was developed in close cooperation with expert groups, the program did not entirely meet the expectations of the participants. The length of the program, four half day sessions, was deemed too short to adequately increase the knowledge on, for example, the interpretation of the data generated by the triage instrument. The program was also too short to address the needs of the participants regarding practical tools and evidenced based interventions to handle certain problems in the elderly. Furthermore, participants found the information on the IPE program too concise, and GPs did not inform their practice nurses sufficiently about the program’s content. Indeed, this latter point could have influenced the expectations of the participants and the subsequent success of the program.

However, this was a pilot study, and one characteristic of a pilot study is that participants are both subjects and developers of the intervention at the same time. The results of this pilot study and the participants’ suggestions for improvement will be used to develop an adapted interprofessional education program for GPs and practice nurses.”
**Reviewer Barr**

Comment 1

Theoretical perspectives on the IPE were lacking but hardly surprising at this early stage. So too was any discussion of the available interprofessional learning methods. The rationale for the project, its aims format and content are presented clearly in the context of demography and primary care policy as it impacts on practice. Theoretical perspectives on the IPE were lacking but hardly surprising at this early stage. So too was any discussion of the available interprofessional learning methods. I would have appreciated more description of the learning process against which to weigh the findings on outcomes.

*Our response:*

See Comment 2 Reviewer Nancarrow and our response. UMCG Wenckebach Institute uses a social constructivist approach in their programs. We added more information on the social constructivist approach in relation to the IPE.

1. In the methods section, intervention part: “An IPE program, four half day shared sessions, was developed. Draft versions of the IPE program were discussed with expert groups (GPs, practice nurses, geriatrician). The educational aim of the program was to realise more collaboration between both disciplines and a shift in tasks and responsibilities from GP to practice nurse.” is adapted in:

   “An IPE program, based on a social constructivist approach and consisting of four half-day shared sessions, was developed[18]. The social constructivist approach emphasises the collaborative nature of learning. Learning is an active process, embedded in social and physical contexts in which learners construct their own competencies based on prior competencies. Cooperation with others creates the opportunity to define or refine learners’ understanding and to create shared understandings with respect to the division of tasks and responsibilities between GPs and practice nurses. During the IPE program, GPs and practice nurses prepared themselves for the shared education sessions by reading relevant literature and the GP and practice nurse prepared practical assignments based on cases generated from their own local practice. Experts gave short lectures and led the plenary sessions in which the practical assignments were discussed and reflected on. Draft versions of the IPE program were discussed with expert group (GPs, practice nurses, geriatrician). The educational aim of the program”

2. In the conclusion and discussion section “The results of this pilot study show that an interprofessional education program for professionals with different educational levels, i.c. GPs and practice nurses in primary care, is feasible and has an added value on the collaboration and the redefining of tasks and responsibilities among GPs and practice nurses. During the program tasks and responsibilities, in particular on the care plan, shifted from GP to practice nurse. The participants’ attitude towards elderly (care) changed and the triage instrument, the practical tool to prioritize preferences of the elderly and discuss their medication use, the development of the care plan had an added value. However, there were some critical remarks on the program and different advices were given on the length and the content of the program. The results of this pilot and the critical remarks of the participants will be used to develop an adapted interprofessional education program for GPs and practice nurses, and also for a wider range of professionals.” is adapted in:

   “The results of this pilot study show that an interprofessional education (IPE) program for professionals with different educational levels, in particular GPs and practice nurses in primary care, is feasible and has an added value to the redefining of tasks and responsibilities. During the program, tasks and responsibilities, in particular with respect to the care plan, shifted from GP to practice nurse. The program had a positive impact on the
participants’ attitude toward elderly (care), and the triage instrument in particular was considered to have an added value to the development of the care plan. Despite the fact that the IPE program was developed in close cooperation with expert groups, the program did not entirely meet the expectations of the participants. The length of the program, four half-day sessions, was deemed too short to adequately increase the knowledge on, for example, the interpretation of the data generated by the triage instrument. The program was also too short to address the needs of the participants regarding practical tools and evidenced-based interventions to handle certain problems in the elderly. Furthermore, participants found the information on the IPE program too concise, and GPs did not inform their practice nurses sufficiently about the program’s content. Indeed, this latter point could have influenced the expectations of the participants and the subsequent success of the program [32]. However, this was a pilot study, and one characteristic of a pilot study is that participants are both subjects and developers of the intervention at the same time. The results of this pilot study and the participants’ suggestions for improvement will be used to develop an adapted interprofessional education program for GPs and practice nurses.”

Comment 2
Interdisciplinary education is used once where interprofessional education is clearly intended.

Our response:
We agree with the reviewer. Interdisciplinary education is changed in interprofessional education.