

Initiating interprofessional learning in health professions – the OSCE as a teaching-learning format

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Regarding safe and patient-oriented health care, interprofessional teaching, learning and work become increasingly important. Hence, health professionals must be enabled to act cooperatively (Robert Bosch Stiftung, 2011). Educational programmes in academic and non-academic, initial and continuing education and training in the health professions face criticism of the lack of interprofessional education to prepare for interprofessional collaborative practice (Wesselborg, 2017). This article investigates to what extent the competence-oriented examination format OSCE (Objective Structured Clinical Examination), here as a further developed teaching-learning format, is suitable for initiating interprofessional learning of future health professions educators. A qualitative survey was carried out to examine students' subjective views on the use of an OSCE format in higher education and contained eight semi-structured interviews. The results indicate that the OSCE as a teaching-learning format offers multiple opportunities for initiating interprofessional learning.

1 Introduction

Developments in health care systems are characterised by treatment and care scenarios that are becoming increasingly complex and multidimensional. So there is a need for professional differentiation, specialisation and associated division of labour (Kälble, 2019) in order to be able to act professionally in these fields. Scopes of practice for health professionals are progressively broader, from previously narrower fields of professional activity. Consequently, the requirements for cooperative, collaborative and closely coordinated action by academic and non-academic qualified health professions involved in the care process are increased. This illustrates the relevance of interprofessional collaboration in the health care system. Recommendations demand to promote interprofessionality within the framework of vocational academic and non-academic training of health professions (GMK & KMK, 2015; WR, 2012). This article refers to the German context of health professions education, where the majority of health professions (except physicians) are trained in non-academic vocational schools.

Designing teaching in such a way that health professional students and trainees focus on interprofessional collaboration poses challenges for educators in both academic and non-academic training institutions. Consequently, it is necessary to prepare future

health professions educators (HPEs) for the design of interprofessional teaching-learning arrangements. However, little is known about how to approach interprofessional education (IPE) during the qualification phase of their studies (Walkenhorst et al., 2015). In contrast to traditional academic education of health professions in Germany (e.g. physicians), the anchoring and strengthening of interprofessionality for non-traditionally academically trained health professions¹ is cautiously apparent (Jünger, 2019). This paper focuses on the question how future HPEs² for vocational schools can be prepared for interprofessional teaching within the framework of the Master's programme "Health Professions Education" at the Charité – Universitätsmedizin Berlin.

2 Interprofessional education in academic and non-academic educational processes

The internationally recognised concept of interprofessional education (IPE) is becoming increasingly relevant for the conceptual design of educational programmes in the health care sector (Ewers & Walkenhorst, 2019; Hammick et al., 2007; Reeves et al., 2017). IPE takes place "[...] when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (CAIPE, 2002, p. 6).

In addition to various stipulations that anchor IPE in medical education (e.g. *Master Plan for Medical Studies 2020*), efforts to include IPE into professional laws and training and examination regulations are also discernible for other health professions. The respective training institutions are responsible for offering interprofessional teaching and learning arrangements. However, in Germany, corresponding educational concepts and the design of innovative teaching-learning units are still in their infancy (Kälble, 2019).

Within the framework of the "Operation Team – Interprofessional education in Health Professions" programme of the Robert Bosch Foundation (Robert Bosch Stiftung, 2018), various interprofessional settings were explored. It demonstrated that developing and implementing interprofessional learning is linked to a number of complex interrelated prerequisites: joint planning of courses, interdisciplinary knowledge, professional expertise, social competences to cooperate, professional views and working methods of the actors involved (Nock, 2016).

¹In Germany, 16 health professions are primarily trained on a three-year basis at vocational schools. Those with the most training places on average each year are those in nursing, physiotherapy, occupational therapy, pharmaceutical-technical assistance and rescue assistance.

²In contrast to teachers for vocational schools, medical teachers only receive further training in university didactics in medical faculties.

Qualification of academic and non-academic HPEs

The findings of the programme "Operation Team" illustrate diverse challenges of interprofessional learning opportunities. They give indication of how important it is to raise awareness of HPEs in academic and non-academic settings towards IPE. In particular, it is stated that preparation is needed to teach IPE (Botma, 2019).

As a possible approach for giving impetus to the training of future teachers, existing findings on the design of interprofessional learning in health professional training can serve. Sieger et al. (2010) see possibilities to stimulate interprofessional discourses by integrating health professionals into a common framework of thinking and acting. In this way, it is possible to reflect on the respective areas of responsibility and patterns of competence, to make demarcations and overlaps of tasks, and to establish collaborative teamwork. To ensure that such interprofessional exchanges do not remain merely an addition of specialist knowledge, it is recommended that those involved should work together on issues. Therefore, Sottas et al. (2016) advise that this is best done by taking into account one's own point of view as well as those of the others, in order to be able to work out practicable solutions together. To implement such scenarios, interactive learning methods, for example, enabling students to get to know each other so that they can learn from and about each other should be chosen (Mackay, 2002).

3 Develop action-related competences in interprofessional contexts

This article focuses on future HPEs studying the four-semester Master's programme in Health Professions Education at the Charité – Universitätsmedizin Berlin. The programme qualifies for a career as educator in vocational schools or universities of diverse health professions. From their first semester on, students will find themselves in an interprofessional group (nurses, physiotherapists, occupational therapists, speech and language therapists and midwives).

In the winter semester 2018/19, a project with 36 students was carried out from 01.01.2019 to 31.01.2019 as part of the module "Assessment and Evaluation". The module aimed to sensitise future HPEs to the subject of interprofessional examinations and also towards interprofessional collaboration. In the project, interprofessional collaboration meant a social process in which people from different professional groups work together to find solutions to a complex practical problem that they could not have solved satisfactorily individually (Schroeder, 2010). This aims to create a common context for thinking and acting, and exposes the future HPEs to work on a complex task – the collaborative design and management of a complex examination situation.

3.1 Developing action competence

In this context, the Health Professions Education programme faces the challenge of developing teaching-learning formats that aim to convey an action-related understanding of competence in an interprofessional context. This action-related understanding of competence follows the vocational and business education tradition (e.g. Achtenhagen, 2004; Reetz, 1990). Roth (1971) and Achtenhagen (2004) take up differentiation into professional, personal and social competence in their competence performance model to clarify the connection between competence, development and performance. They assume that partial competences organise themselves in a self-regulating way in a specific context and a concrete situation of requirements which then manifest themselves in a concrete action, i.e. performance. Students need concrete task requirements in an interprofessional action context to develop and demonstrate an action-related understanding of competence for interprofessional collaboration. We selected the OSCE (Objective Structured Clinical Examination) as context for action. Against the background of competence-oriented training and examination regulations in health professions education, the OSCE is increasingly being tested as a competence-oriented examination format in Germany (Handgraaf et al., 2004; Wissing et al., 2017).

3.2 The OSCE as a teaching-learning format

The OSCE, which was originally developed for medical education (Harden et al., 1975), serves to test clinical-practical skills in a structured manner. Various clinical situations are simulated under standardised conditions at several stations or tasks are worked on in writing. Trained examiners evaluate performance using a pre-defined checklist or global assessment worksheet. The advantage of the OSCE is to achieve high objectivity and better comparability due to the controlled conditions (Nikendei & Jünger, 2006).

The OSCE was designed and used as teaching-learning format in the didactic implementation of the module project. The students were asked to create a task in small groups on a concrete action situation from professional practice which was to be completed in the course of the examination. This created the prerequisite for the students to be able to agree on the respective professional actions of those involved. In this context, the OSCE did not primarily serve to test students' competences. Moreover, the idea was to provide space for interaction and exchange within the framework of a joint planning and testing phase of an OSCE station. Here, they were able to reflect on individual experiences in an interprofessional setting and develop openness towards the professional fields of action of the other participants with different professional background.

3.3 Implementation of the module project

First, the future HPEs were introduced to the OSCE from a theoretical perspective. They met independently in small groups composed of different professions and decided on the subject area for designing an OSCE station together. They looked for a suitable action situation for the examination, formulated questions and tasks and wrote a role description as well as instructions for the simulation patient. In a further step, group members drew up a checklist with corresponding suggested solutions for the assessment; then compiled informations on the required material and room design (Schlegel, 2018). During simulation of the examination situation, the students acted in various roles: examiner, examinee and simulation patient. They also had to prepare for the roles of examiner and simulation patient in run-up to the exam. Afterwards, the future HPEs evaluated each other's conceptions and testing of the OSCE from an observer's or an examinee's perspective using an independently developed evaluation instrument. Finally, the students gathered the data they had obtained, discussed challenges and opportunities in their working group and presented their results in a plenary session.

4 Studies on the module project

With the aim of improving teaching in the Masters in HPE, the module project was investigated empirically and reflected upon in accordance with Scholarship of Teaching and Learning (SoTL), a scientific approach to their teaching and student learning in institutional environment as field of research (Pawelleck et al., 2020). The study aimed to find out to what extent students perceive the methodological approach of OSCE as teaching-learning format to be a suitable framework for thinking and acting (Sieger et. al., 2010) to stimulate interprofessional discourses between them. An explorative qualitative interview study was chosen to allow students to reflect and share their experiences from the project in the spirit of the reflective practitioner (Schön, 1983).

4.1 Research questions

The research questions focus on the experiences of students during the OSCE module project and which thoughts and reflective processes were initiated in this interprofessional setting. It also inquires what contribution the project can ultimately make to raising awareness of interprofessional collaboration between the health professionals involved.

4.2 Methodological approach

The methodological starting point of this study is an interpretative paradigm (Keller, 2012) which understands "*social reality as a reality constituted by acts of interpretation*"

(Lamnek & Krell, 2016, p. 46). In this sense, the focus is on description, recording and interpretation of experienced simulated reality in the context of the processes of developing and implementing OSCE stations. The qualitative interview study provides a differentiated description of students' subjective views and attitudes (Flick et al., 2015). This generates the widest possible range of aspects, which is considered significant with regard to the research objective. The data collection took the form of guideline-based focused individual interviews (Merton & Kendall, 1979). In order to be able to open up the subject matter, which has been little researched to date, the guiding questions were developed according to the principle of openness (Kruse, 2015) using the "SPSS method" (collect, test, sort, subsume) proposed by Helfferich (2011)³.

The interviewees were selected by means of intentional, deductive sampling. The survey included students in the third semester of the "Health Professions Education" programme who had participated in the project over the entire period without absences. Recruitment was based on a convenience sample (Dörnyei, 2007) for participation in the study. The interviewees were three nurses, two occupational therapists, one physiotherapist, one speech therapist and one midwife. All of them had worked in their profession for at least two years before they decided to return to study. The interviewees were between 25 and 41 years old. The total individual interviews (N = 8) were conducted after the end of lecture period between March 2019 and May 2019. The interviews took between 27 and 44 minutes. The key questions focused on descriptions of concrete experiences in the OSCE module project, of different roles they took on in the process and the perception of teamwork.

The interviews were digitally audio-recorded and transcribed verbatim (Dresing & Pehl, 2015). The analysis was based on the method of Circular Deconstruction (Jaeggi, Faas, & Mruck, 1998). The two-stage analysis is characterised by its open access to empirically based categories which are derived from data material. The term Circular Deconstruction is derived from the procedure of text analysis. The results of individual work steps were continuously fed back and cross-checked with the source material. They revealed interview-specific differences and similarities with regard to the central categories. These were organised further into main and sub-categories and paraphrased comparatively (ibid.).

5 Subjective views of the students

The results refer to the simulated development and implementation of the OSCE stations. The three main categories are (1) joint development of OSCE examination

³The study deemed exempt from ethical review under local legislation, because it does not involve patients or vulnerable groups. Due to the shortage of time, no piloting was done.

stations, (2) simulation of examination situations and (3) joint learning. They are presented and partly characterised by the respective sub-categories.

5.1 Jointly developing OSCE stations

When planning the OSCE station, it was considered that the examination station to be developed should be run by the fellow students of the other working groups themselves. The students aimed to find a topic that all professional groups could relate to, successfully complete the examination task and benefit from it. According to the interviewees, the topic selection for the OSCE station took place in an intensive exchange process. During this process, common features of the individual professional fields of action were discussed:

“What has everyone been in contact with? And then we first came across skin and then somehow wounds [...]. It somehow came about because we wanted to have something where our professions had a lot in common. And midwives also have to deal with wounds, if you think of a caesarean section or something like that, they also have to take care of them.” (Interview 4, L 302-307).

5.2 Simulating examination situations

During simulation of the OSCE, students took on different roles in which they encountered uncertainties. In their view, their own assessment of their professional competence played a significant role. Their perceived uncertainty would also have led them to want to take on a more *neutral* role in their subject. Uncertainties also arose for the examiner if, in the simulated exam situation, the examinee was unable to fulfil requirements of the exam due to having a different occupation and thus lack of specific knowledge. The examiners would have tended to help:

“And it was really hard for me in the examining role to endure this helplessness and not to get the impulse to slip out of this pure examining role and to give support, because it is no longer comparable.” (Interview 8, L 264-271).

It also became clear that respondents approached the respective roles openly and curiously about the *unknown* situation:

“I also found it great that we ourselves [...] were tested in the OSCE. I was in a situation where I was an occupational therapist in care group and wanted me to measure someone’s blood pressure, pulse and honestly, you don’t learn this in occupational therapy and I’ve never done it before and it was very exciting experience and to go

there and think: "I'm trying my best now, but I have no idea what I'm actually doing here." (Interview 5, L 107-115).

5.3 Shaping joint learning

According to the interviewees, the development of an OSCE station resulted in a variety of exchange processes. Concrete information about the respective other professional field of action was produced and perceived as a gain in knowledge.

In addition, different professional perspectives could be adopted in the situations in which they informed each other:

"You look at it from so many different angles, so to speak, says one example: Where do you put the little table that you have next to the nursing bed. Where does it stand when a patient is virtually paralysed on one side? For the physiotherapist, of course, this means that he has to move as much as possible. The nurse might think, well, if it's a fresh apoplexy, it's also quite good if the table is positioned in such a way that the patient with a healthy hand can always grab it quickly, because you're already thinking, oh God, I don't have time to always go to doorbell and at the beginning it's also important that the patient can have a drink, can take something. That you can already see, different points of view simply come together, which all have their justification to look, how do you make something out of it; but also not to forget the patient, which might also bring in occupational therapy." (Interview 7, L 294-309).

Learning opportunities would have arisen not only in the planning process but also in the context of the simulated implementation of individual OSCE stations. For example, following the simulation of an examination situation, a joint exchange about the respective field of action of the other had developed:

"And then one of the nurses explained this to us in detail, [...] to me and the other occupational therapist. And that was totally exciting. It was also very interesting and a total win." (Interview 5, L 372-376).

The respondents perceived the joint handling of developing an OSCE station, testing it and reflecting on the process as a joint process within the team. The mutual support that the interviewees experienced in various situations is personally enriching for them:

"Together with the physiotherapist, we were able to support each other quite well, because somehow, I knew exactly what the sitting position was, what to do with the arm and she was more like holding the knee and so on. And then we could enrich each other." (Interview 5, L 393-397).

6 Summary and discussion

The findings provide an insight into subjective views of future HPEs from the Master's programme of the same name, on a module project in which the OSCE was used as a teaching-learning format. The results provide information on the extent to which the OSCE in this format can contribute to preparing future HPEs for interprofessional collaboration and interprofessional teaching. However, the extent to which interprofessional teaching leads to improved interprofessional collaboration and thus to increased quality of care and patient safety has not yet been sufficiently clarified and needs to be further researched.

The joint development and testing of an OSCE station has sparked a variety of processes among students. The concrete reference to specific cases has created an opportunity to exchange information about individual professional actions of the professional groups involved. Furthermore, the students showed an interest and openness in getting to know other professional fields and situations of the respective group members and wanted to gain more knowledge about them. Thus, the teaching-learning format OSCE as a common framework for thinking and acting (Sieger et al., 2010) can contribute to promote to learn from and about each other (Mackay, 2002) and thus the appreciation of the different occupational groups as well as the mutual understanding for and of each other. With reference to the competence performance model (Achtenhagen, 2004), the OSCE as teaching-learning format seems to initiate personal and social competence development in particular through increased communication between the participants.

The need for appropriate preparation and qualification of teachers for interprofessional teaching is undisputed (Nock, 2016; Walkenhorst et al., 2015). Due to various challenges in the long-term implementation of interprofessional teaching-learning arrangements (Nock, 2016), the guiding idea here is to transform existing formats and make them adaptable for interprofessional education.

During the future implementation of the OSCE as teaching-learning format, more attention should be paid to the fact that the interprofessional processes – at least, the findings of our study suggest – often only occur implicitly among students and therefore require intensive reflection (HRK, 2017). Within the framework of the course, phases of group communication are needed in which individual experiences with the topic interprofessionality can be agreed. The integration of theoretical foundations, e.g. via a compulsory module, can promote theory-based reflection, a portfolio task could, for example, stimulate further discussion of interprofessionality.

Although the scope of the findings presented here is limited, due to a sample size of eight surveyed students, they offer an encouraging impetus to turn more systematically to the conceptual development and design of interprofessional teaching-learning arrangements in educators' training for health professions and to anchor them in the module design.

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