



Using inter-professional education to enhance inter-professional collaboration in a Sexual Health Clinic

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Introduction

Female Sexual Dysfunction (FSD) affects up to 43% [1] of women, affecting health and quality of life. As bio-psychosocial approaches (2) optimise treatment, an inter-professional collaborative (IPC) sexual health clinic involving clinician, psychologist and physiotherapist commenced in 2014.

Action

Initially, as patients saw different specialties separately, team members lacked clarity about roles and had difficulties streamlining management plans. We thus modified our care model for a multidisciplinary core team to see patients jointly at first visit, integrating and formulating treatment more seamlessly.

In the process of working together, practice based learning about individual roles and responsibilities (3) enabled Inter-Professional education (IPE). We also attended a Singhealth IPE workshop that bolstered skills and knowledge in IPC practices. Post-clinics and quarterly team discussions were also instilled when we subsequently identified that a lack of time in clinical settings for adequate discussion and practice concurrence (4) hindered optimal IPE and IPC practices.

We also obtained training and accreditation with the European Society for Sexual Medicine, an organisation which espoused bio-psychosocial models of care for sexual health issues using IPC practices. This promoted IPE in the form of systematic, longitudinal and incremental learning (5).

Subsequently, we identified unfamiliarity surrounding IPC sexual health treatment practices at the hospital level despite increased service demands. To increase stakeholder buy in and fill knowledge gaps, we delivered IPE formatted talks, forums and workshops for staff. We also partnered the KKH Education Office to develop and run an IPE training for students from different disciplines jointly. With positive feedback, there are plans for further runs.

Conclusion and Recommendations

In conclusion, IPC has helped us enhance patient care and teamwork in providing holistic individualised treatment. IPE efforts support successful IPC practices and should be gold standard for training as KKH moves towards world-class inter-professional service standards..

References

1. Laumann EO, Paik A & Rosen RC. (1999). Sexual dysfunction in the United States: prevalence and predictors. JAMA, 281(1), 537-44.
2. Seal, B. (2011). Women's sexual health: a multidisciplinary approach. Expert Review Obstetrics and Gynecology, 6(3), 251-253.
3. Barr, H. (2009). "An anatomy of continuing interprofessional education," Journal of Continuing Education in the Health Professions, vol. 29(3), 147-150.
4. Reeves, S. (2009). "An overview of continuing interprofessional education," Journal of Continuing Education in the Health Professions, vol. 29(3), 142-146.
5. Silver, I. & Leslie, K. (2017). Faculty Development for Continuing Interprofessional Education and Collaborative Practice. Journal of Continuing Education in the Health Professions, 37(4), 262-267.



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