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DEVELOPING EMPATHIC RESONANCE IN INTER-PROFESSIONAL EDUCATION & PRACTICE

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Abstract: The challenge of developing effective communication skills for public health professionals is a core requisite of inter-professional education. The World Health Organisation (2010) offered a Framework for action in inter-professional education (IPE) and inter-professional practice (IPP) which promoted ongoing collaborative practice as a key strategy to enhance patient outcomes in order to develop a practice-ready health workforce. This initiative has seen significant developments in practitioner training since this call for action. The implications of this theme impact public health and social care delivery in multi-disciplinary & multi-agency arenas, with vital service outcomes impacted by the quality of teamwork and communication. This conceptual paper focuses more closely on the crucial components of practitioner communication, with consideration of the value of empathic resonance as a core practitioner skill in inter-professional education and practice. The increased move towards casualisation in the public health workforce also poses a significant contemporary challenge for the profession and can often reflect evidence of communication break-down in professional practice which consequently impacts public health provisions. In previous papers, the author has identified the value of empathic resonance in specific professional practice settings. This enquiry now focuses more closely on public health delivery with consideration of the myriad of factors which can impact and potentially impair effective service delivery and introduces the INSPIRE model which aims to develop IPE in the curricula of public health courses.

Keywords: inter-professional education, inter-professional practice, empathic resonance, INSPIRE model

Introduction

Inter-professional education (IPE) and inter-professional practice (IPP) are now established as central tenets of collaborative practice in health and training and provision. Academic literature in this field has burgeoned over recent years with a clear correlation evident between patient safety and quality care outcomes (Taran 2011; Vermeir et al,2015). This conceptual paper focuses on the crucial components of IPE & IPP and considers the value of practitioner communication in both health and social care interactions and collaborative practice. The major contributions to the development of IPE & IPP over recent years have included contributions from the World Health Organisation (WHO) offering a Framework and call for action on Inter-professional Education (2010), the Lancet (2010) who commissioned a review of the challenges facing the education of health professionals in the 21st century; WHO Inter-professional and collaborative practice in Primary Care (2013); and the Inter-professional Education Collective (IPEC) who offered core competencies for inter-collaborative practice (2106).

This paper develops these significant contributions and highlights the specific challenges that the health profession faces in terms of practitioner communication both in terms of collaborative practice and patient engagement. This theme has been widely explored by researchers, for example, Lee & Doran (2017) discuss the significance of the role that interpersonal relations play in healthcare team communication and patient safety. The paper argues that a significant contributory factor, pertinent both to IPE & IPP is the ability of practitioners to develop effective communication in both collaborative practice and patient engagement. The underlying philosophy of this argument is that by developing levels of empathic resonance (the author's term), health practitioners will be better able to demonstrate improved levels of patient engagement with the subsequent

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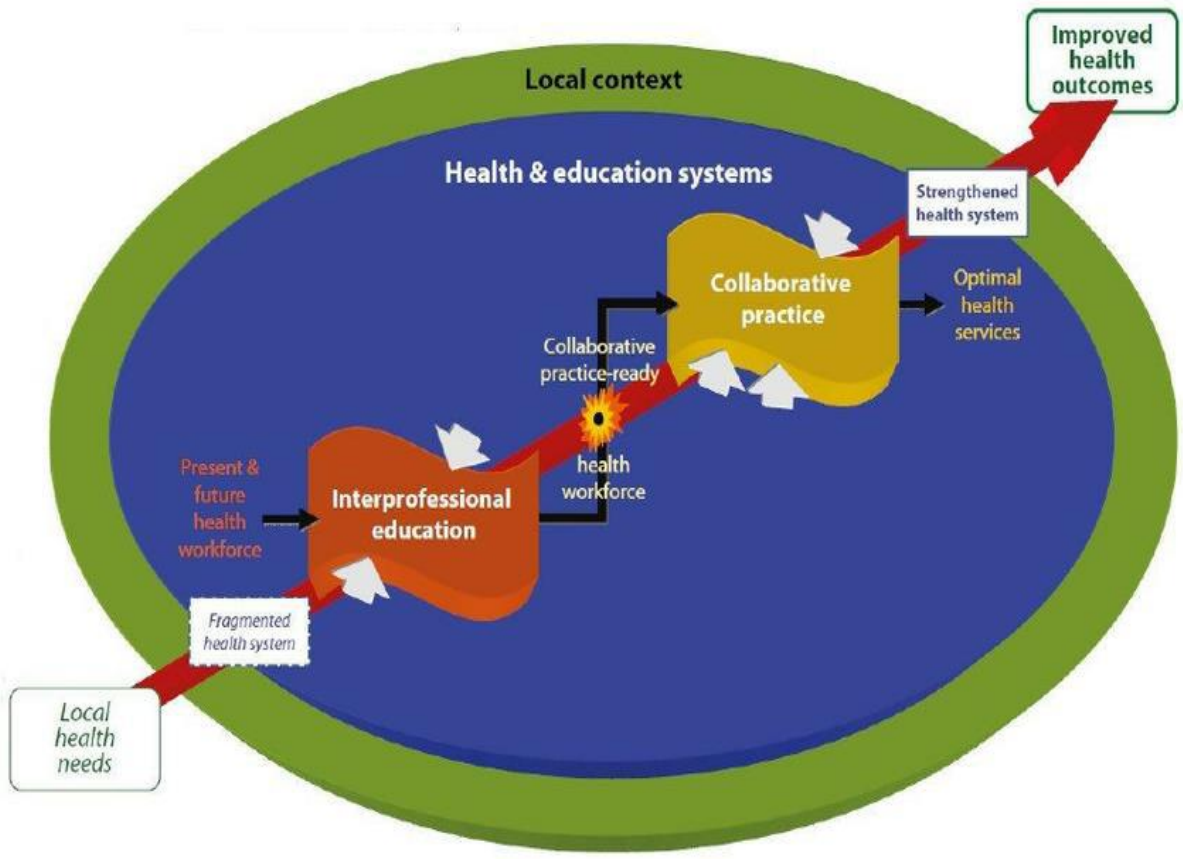
impact of health service patient outcomes. The author has recently developed the INSPIRE model as a training aid to support and enhance the delivery of IPE for health professionals in order to contribute towards the achievement of the above ambitions. An initial pilot study is conducted and the discussion questions the value of the INSPIRE model in health practitioner training and considers future research strategies to measure the efficacy, impact and value of this training approach.

Context

The WHO Framework is a useful starting point to outline the central tenets of IPE and IPE. Essentially this Framework is a call for action for health professionals to develop inter-professional education and practice. Key themes from this Framework include statements that WHO and its partners recognize inter-professional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health workforce crisis and that inter-professional education is a necessary step in preparing a "collaborative practice-ready" health workforce that is better prepared to respond to local health needs. Inter-professional education is defined by WHO as occurring when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. The Framework states that after almost 50 years of enquiry, the World Health Organization and its partners acknowledge that there is sufficient evidence to indicate that effective inter-professional education enables effective collaborative practice (WHO 2012 p7). This assumed correlation is indicated in Figure 1.

Figure 1: WHO (2010) Health & Education Systems



In the same year, The Lancet commissioned Report (2010) included a contribution from Frenk et al which offered a very useful review of challenges facing IPE & IPE outlined a myriad of factors impacting training delivery. The main challenge to the profession is clearly outlined by their statement that:

> "Professional education has not kept pace with the challenges (*of IPP*), largely because of fragmented, outdated, and static curricula that produces ill-equipped graduates. The problems are systemic: mismatch of competencies to patient and population needs; poor teamwork; persistent gender stratification of professional status; narrow technical focus without broader contextual understanding" (Frenk et al 2010 p.1293)

This position underpins the rationale for this paper. The need to develop graduates who have confidence in responding to patient and population concerns, and to focus on inter-personal skills and communication, personalisation, integrity, relational skills and the ability to achieve a satisfactory level of empathic resonance with patients. It is this challenging range of core skills and competencies that are developed further in this paper into a practical model which may be considered for inclusion in public health curricula.

The above authors also highlight the impact of the level of care required by health professionals by commenting that in general there is a tendency for:

> "episodic encounters rather than continuous care; predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labour market; and weak leadership to improve health-system performance." (Frenk et al 2010 p.1293)

Barriers to effective service delivery

The tendency of professional groups to err towards territorialism (also referred to as tribalism by some authors) is considered to be one of the significant factors that impacts continuous and quality levels of care. The barriers to effective service delivery in inter-professional practice are well documented in the literature but warrant regular review in terms of the impact on service and patient outcomes. Grant et al (1995) discussed the main barriers which health professionals may face in the delivery of health provision and these points are still valid today:

- Organisational barriers
- Barriers at the team level
- Barriers faced by individual team members
- Barriers for independent providers
- Territoriality

Despite significant attempts by health organisations to promote collaborative practice, there is still much evidence of these barriers being in play. As Bahnisch (2012 Online) comments:

> "laudable efforts to address these deficiencies have mostly floundered, partly because of so called 'tribalism' of the professions i.e. the tendency of various professions to act in isolation from or even in competition with each other" (Online)

This comment is a salutary warning about the challenges of implementing IPP in service delivery and provides a major argument against the success and value of IPE & IPP.

More recent developments to the economic delivery of health services have indicated further barriers specifically around casualisation of the workforce. The significant trend for service delivery to structure staffing levels to incorporate more casual use of labour on contractual terms in many ways undermines the ambition of joined-up collaborative practice. This could be viewed as short-sighted with the potential for service outcomes to be impacted negatively. There is clearly potential for effective collaborative practice to be undermined.

Empathic Resonance

The author introduced the term empathic resonance in a 2015 paper, at the time in relation to psychotherapeutic practice. The position now proposed is that this level of contact can be considered pertinent to health interventions in order to ameliorate collaborative practice and health service outcome. Empathic resonance is defined as the ability of health professionals to forge a clear working rapport with a patient or service user, in either brief or ongoing interventions. This clearly depends on the professional role and level of intervention, but where face-to-face interventions are required there is evidence in the WHO 2012 review (see above) that there is a direct correlation with service outcomes. For empathic resonance to be accepted as a significant component in the patient/practitioner dynamic, there is a need for greater research into the value and measurement of this variable. Patient surveys (whether by focus group or online questionnaire) would be the most logical route to the establishment of the value that this factor can play in developing improved health service outcomes. Improved health outcomes per se could hence be considered pertinent to the level of empathic resonance achieved in patient/practitioner interactions.

INSPIRE Model for IPE & IPP

The author has developed the INSPIRE model for use within inter-professional education and practice settings. The model is aimed to offer a tangible and measurable tool for both students and trainers to use with ease of recall for practitioners to consider in their patient/service user interventions. The model has been piloted in the training of health professionals in the development of inter-professional and collaborative skills on health courses at London Metropolitan University to offer a peer-review model enabling health professionals to evaluate both their peers and self in their awareness of skills and competencies in patient/service user engagement. The model has a theoretical foundation based on the principles of person-centred care and transactional analysis. Person-centred care , originally developed by Rogers, has evolved in a variety of guises within healthcare and some of the original principles have been incorporated into approaches to patient-centred care. It is also fair to comment that these humanistic models have fallen out of favour in some professional areas, partly due to a limited evidence base but also due to the emergence of cognitive behavioural approaches which have prevailed in more recent times. Transactional analysis (TA) developed by Eric Berne in the 1960's, has its roots as a psychoanalytic theory and method of therapy wherein social transactions are analyzed to determine the ego state of the patient (whether parent-like, child-like, or adult-like) as a basis for understanding behaviour. In transactional analysis, the patient is taught to alter the ego state as a way to solve emotional problems. The INSPIRE model applies this theory to the health practitioner and requires the student to consider closely the way they interact with each other as health professionals, and subsequently to apply this learning to patient/service user interactions. It is not suggested as a psychotherapeutic tool, rather a reflective process to support IPE enquiry.

The model requires the student to consider the following components of their collaborative approach and the model is central to their experience of inter-professional education and subsequent practice:

- **In**terpersonal **S**kills and competencies
- **P**ersonalization
- **I**ntegrity
- **R**elationship
- **E**mpathic Resonance

Each component of the model is inclusive with regards to the student's professional range of skills and competencies. It is applied throughout the curriculum linked to inter-professional activity and is central to the ongoing assessment of the student's capabilities as a future health professional.

Methodology

The INSPIRE model outlined above has been introduced to the curriculum as part of inter-professional practice modules on the BSc(Hons) Health & Social Care and MSc in Health and Social Care Management and Policy programmes at London Metropolitan University. The model is seen as integral to the professional development of health professionals aiming to graduate into professional and management roles in the health and social care sector. During the academic year 18/19, a focus group of postgraduate students met at regular intervals over a period of 10 weeks in order to consider the value and relevance of the INSPIRE model. The objective of the activity was to consider the value and relevance of the model both to IPE & IPP. The academic progress and development of the students in this cohort of volunteers was contrasted with students who had opted out of joining the focus group. The qualitative data emergent from the focus group meetings identified pertinent themes that students felt necessary to develop their professional skills and competencies (see Appendix 1).

Results

The qualitative data from the focus group highlighted that students had given much closer scrutiny and consideration to the value of their inter-personal skills and competencies as health professionals. This was evident from the quality and level of reflection in their end of year portfolios. The ability to self and peer-evaluation was considered by participants to be central to the learning outcomes of the activity.

- Increased levels of skill and competencies in interpersonal ability (both peer and formal assessment). Likert scale questionnaires were used in the pilot to measure this variable;
- The application of the concept of personalization was observed as being more accurately considered in patient interventions;
- An increased focus on relational dynamics resulting in a range of tangible variables which patients would be able to assess in terms of practitioner approach.
- The INSPIRE model was considered to be a tangible touchstone which students could easily recall when facing patient interventions;

Of course, one major limitation of the focus group activity is that the students involved had a declared interest in exploring core skills and competencies and the point needs to be made that those students who opted out of the activity, for whatever reason, may have similar levels of skills and competency in patient interactions.

Conclusion

This article has posited the relevance of the link between practitioner competence and health service outcomes and considered core skills necessary for IPE & IPP. This position has led to consideration of how IPE could incorporate the development of improved skills and competencies in practitioner-patient communication.

The author has made the argument for the development of effective communication skills and reflective practice on inter-personal skills and competencies for public health professionals as a core requisite in inter-professional education. There is an implied correlation between standards of inter-professional education and practice which echoes the WHO intentions from the 2010 Framework for Action on Inter-professional Education & Collaborative Practice.

The INSPIRE model, introduced to the curriculum at London Metropolitan University on undergraduate and health courses in the academic year 2018- 19 has been instrumental in encouraging health students to focus more closely on their inter-personal skills and abilities. Peer review was used as the main tool to assess this level of competence. Focus groups carried out over a period of 10 weeks have been instrumental in highlighting the outcome that students have improved awareness of inter-personal skills and competencies which supports improved outcomes in terms of graduate employability. The application of these initiatives have the potential to be applied to many areas of IPE and IPP both in educational settings, training environments by supporting the continuing professional development agenda.

At this stage in the research enquiry, there is a need to measure the efficacy of the INSPIRE model across several institutions, and preferably across different continents, so that cultural values and differences can be incorporated more closely into the model.

This conceptual paper, responding directly to the WHO call for action, is a pedagogic proposal for greater incorporation of IPE and IPP with the sole intention of improving patient outcomes and satisfaction levels. Perhaps a lofty ambition given the barriers explored, but one which strives to offer excellence and integrity in the delivery of health education and practice in future decades.

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Appendix 1

Core skills and competencies (identified by students from focus group activity) considered relevant for IPE & IPP. These skills and competencies can be integrated into learning outcomes for inter-professional education curricula.

INTERPERSONAL SKILLS	PERSONALISATION	RELATIONAL SKILLS	EMPATHIC RESONANCE
Verbal skills	Person-centred	Rapport	Level of contact
Non-verbal skills	Integrity as a health professional	Applied empathy	Appropriateness to role
Service Orientation	Approach	Cultural competence	Impact
Language	Clear purpose	Relational depth	Responsiveness
Style of communication	Familiarity with patient presenting issues	Compassion	Boundary awareness