Recycling established patterns of working: a method for implementing interprofessional learning

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Background

In 2002 Coventry University were successful in securing monies to develop pre- registration interprofessional education in the allied health professions as part of the modernisation agenda. The first wave team were responsible for leading and developing this initiative and believed that it was important to develop interprofessional education not only with allied health professional students but also with other pre-registration nursing and social work students at Coventry. A key role of one member of the first wave team was to create opportunities for interprofessional learning in practice. It was essential to create links across trusts and institutions to identify opportunities, which would be as inclusive as possible and provide interprofessional learning with as many different disciplines as possible. An opportunity arose with Warwick Medical School, South Warwickshire Primary Care Trust, and University Hospitals Coventry and Warwickshire to work jointly to create interprofessional learning within a ward-based environment.

Planning the Pilot Learning Experience

Initial collaborative meetings forged relationships between the different organisations and disciplines resulting in a unanimous agreement to deliver a week long interprofessional experience. The planned activity was for students to spend one week working in a multi-professional group exploring and trying to optimise the care of an allocated patient. Three wards were identified - one ward specialising in rheumatology and two in rehabilitation. These wards were specifically chosen as they were considered to offer three key important components, namely established multiprofessional teams, complex patient care and regular multidisciplinary team meetings. The teams on the individual wards identified and obtained consent from the chosen patients who would provide the focus of care for the student group.

The project team spent a great deal of time discussing and identifying the range of disciplines who might have students placed within the chosen specialist placements during the period of the pilot, as it was felt that it was important to include as many appropriate disciplines as possible in the pilot. The compositions of the final student groups were dependent on the students that were available and included medical, nursing, physiotherapy and pharmacy students. Occupational therapy, speech and language therapy and dietetics students were not represented, despite playing an important role in the identified patient cases, due to their absence from practice placements.

The structure of the week was developed so that each 'expert' guided and supported the student from their own discipline, whilst also acting as a resource for the other students. On each ward the 'expert' was a senior professional who was already an established member of the ward team and was experienced in supporting students. The 'expert' role was to develop the student's understanding of the contribution of their profession to multi-professional working, whilst also ensuring the student's understanding of the unique role of their own profession. Disciplines where no students were available provided 'experts' who were able to clarify their role and outline their perspective in each patient case.

Timetables were jointly created by the individual disciplines and the project team. For each ward a facilitator was identified who played a key role in meeting with the students on a daily basis for a maximum of half an hour. This role was essential for the success of the week and for maximising student learning by providing protected space each day allowing the students to meet together as a team to discuss and plan patient centred care.

The week culminated in a student-led multidisciplinary team meeting, overseen by the 'experts', who also acted as a multidisciplinary audience to hear student presentations of the patient case studies.

Brief summary of findings

Data was collected at the beginning and end of the pilot week from all participating students, using both qualitative and quantitative tools. A likert scale (score 1 represented a poor understanding, 5 excellent understanding) was used to highlight any changes in student perception

Table 1

Statements	Median Likert score pre MDT week	Median Likert score post MDT week	Significance (Mann Whitney)
Roles of other health and social care professionals	3	4	0.002
My profession's contribution in a team	4	4	NS
Role of multidisciplinary teams in patient care	3	4.5	0.006
Impact of inter-professional working on patient care	3	4	0.008
Key implications of 'key workers' in patient care	3	4	0.009
Understand how MDT will impact on my postgraduate development	3	4	NS

and most of the students agreed to a semi structured taped interviews. All of the 'experts' were sent postal questionnaires and a sample was interviewed to explore their experiences in greater detail. Table 1 outlines the changes in perceived knowledge between the matched pre and post intervention questionnaires. Whilst it is recognised that this is a very small sample (n=10) these findings were supported by qualitative data (Table 2) from the students, experts and facilitators.

Table 2

'It was good....it was nice to see the broad remit of what the doctor is actually, or able or expected to do, with respect to the patient and sorting things out and.... constantly liaising with other staff, ... and the different forms in which everyone pitches in' (student medic)

'I suppose at my placement before I wasn't working as a multidisciplinary team with the nurses and medical professions....and actually to do a MDT myself rather than just observing an MDT, It was lot easier to take the role of professionals and just sort of, get stuck in...' (student physio)

Brilliant, absolutely brilliant, it was um... broke a lot of barriers down we learnt more about each others role...we communicated more by the end of the week. We were communicating more with each other, we were reporting to each other on daily basis, when they came on to the ward.... (student nurse)

'I do think personally and I know Dr xxx felt and the physio that it was a positive experience...anything you had to spend time on, it was far outweighed by what you got back from it' (expert nurse)

Future plans

The perceived benefits of interprofessional collaboration in this pilot, which were so consistently highlighted by the students and experts, as well as the enthusiasm and motivation to repeat this learning experience suggests that the format of MDT meetings may provide a useful vehicle for students learning from, with and about each other in a supportive environment. This learning experience will be repeated in 2005 at all the initial sites and is likely to include a further 2 wards.

The authors believe that this interprofessional educational package could be transferable to most practice settings where there is evidence of established multiprofessional teams, complex patient care, regular multidisciplinary team meetings and students from different disciplines.

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