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An island case study of interprofessional Learning

Focal Points:

- To evaluate a supplementary education interprofessional (IPL) learning event held in an Island Environment
- All professions were positive about joint learning opportunities with topic, convenience and networking opportunities driving attendance
- Supporting application into practice after learning opportunities needs further investigation

Introduction:

An island is a unique environment with a defined population. Guernsey is one of the Channel Islands, 70 miles South of the English coast. Due to the low number of healthcare professionals in Guernsey, pharmacists, when holding learning events, invite other health care professionals (HCPs) to join them. Interprofessional learning (IPL) has occurred for many years. IPL is anticipated to improve patient care and working relationships along with facilitating appreciation and understanding of different roles¹. The aim of this study is to evaluate a supplementary education IPL event to understand learning experience, drivers for attendance and views on learning with other HCPs.

Methods:

An IPL event on illicit drugs took place in April 2015. A mixed method approach using a survey and a focus group discussion was used to evaluate the session. Likert scale questions, where 1 was strongly disagree to 5 being strongly agree were included on the survey with 5 questions related to the event, and 6 based on the readiness to participate in interprofessional learning (RIPLS) questionnaire, validated for postgraduate use². A tick box question identified how learning will be applied. Data was transferred into Microsoft Excel for analysis with Chi-squared being used for statistical significance. Attendees who had confirmed attendance were approached to take part in the focus group. The focus group asked analysis questions around the learning experience and learning together. The focus group was recorded and transcribed then analysed using thematic analysis. Ethical approval was given from a Higher Education Institution.

Results:

There were 33 attendees with 29 (88%) evaluation forms returned from 11 pharmacists, 7 nurses, 5 doctors, 4 pharmacy support staff, 1 optometrist and 1 approved mental health professional (AMHP). The majority of attendees (n=23, 79.3%) were female and 6 (20.7%) were male. Most of the attendees (n=22, 75.9%) worked in a community setting. The majority (n=24, 82.8%) gave positive responses (4 or 5 on the Likert scale) that the event increased their understanding of the topic, with 26 (89.7%) giving positive responses that the event was thought provoking. Although the event increased knowledge, there was a statistical difference about change in practice ($p < .05$) with over half (n=15, 51.7%) saying the learning would not change their practice. Responses did not vary significantly between different professional groups. As a result of the session 20 (69%) said they would complete a continuing professional development (CPD) cycle with 15 (51.7%) saying they would proactively deal with patients affected. From the RIPLS questions, none of the questions asked were given a negative score (1 or 2 on the Likert scale). Almost all (n=28, 96.6%) were positive for 'shared learning with other HCPs will increase my ability to understand clinical problems.' This was closely followed by 27 (92.1%) being positive for 'shared learning with other HCPs will help me to communicate better with them.' Other responses were all 3 on the Likert Scale. The focus group consisted of 1 GP, 1 A and E nurse, 1 pharmacy technician and 3 pharmacists. Two key themes emerged; benefits and motivators for attendance. All mentioned topic as the motivator for attendance, with other motivators being convenience of location and the opportunity to network. Benefits of

attendance were seen as supporting personal CPD, understanding the patient journey and learning from an expert speaker.

Discussion:

Undertaking supplementary IPL was perceived to have benefits in improving patient care and increasing clinical knowledge, along with better interprofessional relationships. Learning together and networking will encourage more interprofessional conversations on a topic, allowing a unified approach to certain conditions, with professionals delivering the same message to their patients. Topic plus an expert speaker are key drivers for attendance to support CPD, further supported by geography for convenience. Whilst these are positive attributes, participants said learning would not be applied into practice; therefore a bigger study needs to be completed to confirm this finding.

References:

1. Pitt, M., Kelley, A., & Carr, J. (2014). Implementing interprofessional learning in the community setting. *British Journal of Community Nursing*, 19(6), 291-296.
- Reid, R., Bruce, D., Allstaff, K., & McLernon, D. (2006). Validating the readiness for interprofessional learning scale (RIPLS) in the postgraduate context: Are health care professionals ready for IPL? *Medical Education*, 40(5), 415-422.