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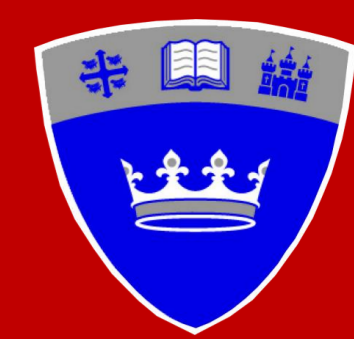
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Healthcare graduates for the 21st century; Knowledge and attitudes relating to alcohol and brief interventions.

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Abstract;

Final year students studying a variety of healthcare courses (involving inter-professional education), at six Scottish universities completed a questionnaire (spring 2009). While changes in current health policy endorse graduate attributes promoting shared responsibility, an overlapping of roles, analysis of findings revealed differences between the professions in terms of level of understanding of health guidelines, acceptance of role and perceived confidence in personal knowledge relating to alcohol misuse. Two professions were predominantly viewed as key to this area of practice only by their own students (OT and pharmacy) while three (speech and language, radiography, dietetics) doubted the importance of their role.

Introduction;

The cost of alcohol misuse to Scotland economically and socially is well described by recent statistics. In terms of response, evidence is accumulating for the potential cost-effectiveness of 'alcohol brief interventions' (ABIs) delivered by medical or public health practitioners (Kaner et al., 2009; NIAAA 2005). Recent policy changes within the NHS have promoted the development of flexible and collaborative working patterns for health professionals, effectively an overlapping of professional roles (DoH, 2000 and 2001; Scottish Executive, 2002 and 2003a). Thus the responsibility (and by implication the potential success) of administering ABIs designed to address alcohol misuse, may rest on the shoulders of a wider range of health professionals than has been traditionally the case. Against this background, we report here a subset of data from our study conducted this spring investigating the knowledge, views, and perceptions of soon to graduate health professional and medical students in relation to alcohol misuse, ABIs and professional role.

Method;

A questionnaire was administered during the second semester of the academic year 2008-09 at six Scottish Higher Educational Institutions (HEIs), and invited participation by students (medical and AHP) due to graduate in July 2009. It contained three sections.

The first section, A, sought basic demographic data and drinker/non-drinker classification. (Non-drinkers were defined as drinking no more than '2 glasses of wine, 1-2 pints of beer per year'.)

Section B explored knowledge and understanding of current UK responsible drinking guidelines for daily consumption (DoH, 1995).

Section C contained fourteen statements to which participants were required to indicate level of agreement with ten statements related to professional role and attitude, the four to proposals emerging from the Scottish Government's Discussion paper (Scottish Government, 2008). (Favourable ethical opinion was obtained from each HEI.)

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Acknowledgements;
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Results

Among all students (N=527) 11.4% were non-drinkers (15.7% of medical students, 10.1% of AHPs). A greater percentage of medical students than AHPs were able to recall accurately UK daily guidelines for alcohol consumption for males, for females and also to estimate the unit content of their preferred drink. The percentage of AHPs responding 'do not know' to questions relating to male/female guidelines or to the unit content of their preferred drink was greater than that of medical students (See Table 1).

Conclusions;

There are evident gaps in the knowledge and understanding of responsible drinking messages among these soon to graduate students, particularly the AHP group. This finding is reflected in the student's own appraisal of their knowledge with only, approximately, one half of AHP students feeling that they had appropriate knowledge to advise about responsible drinking advice.

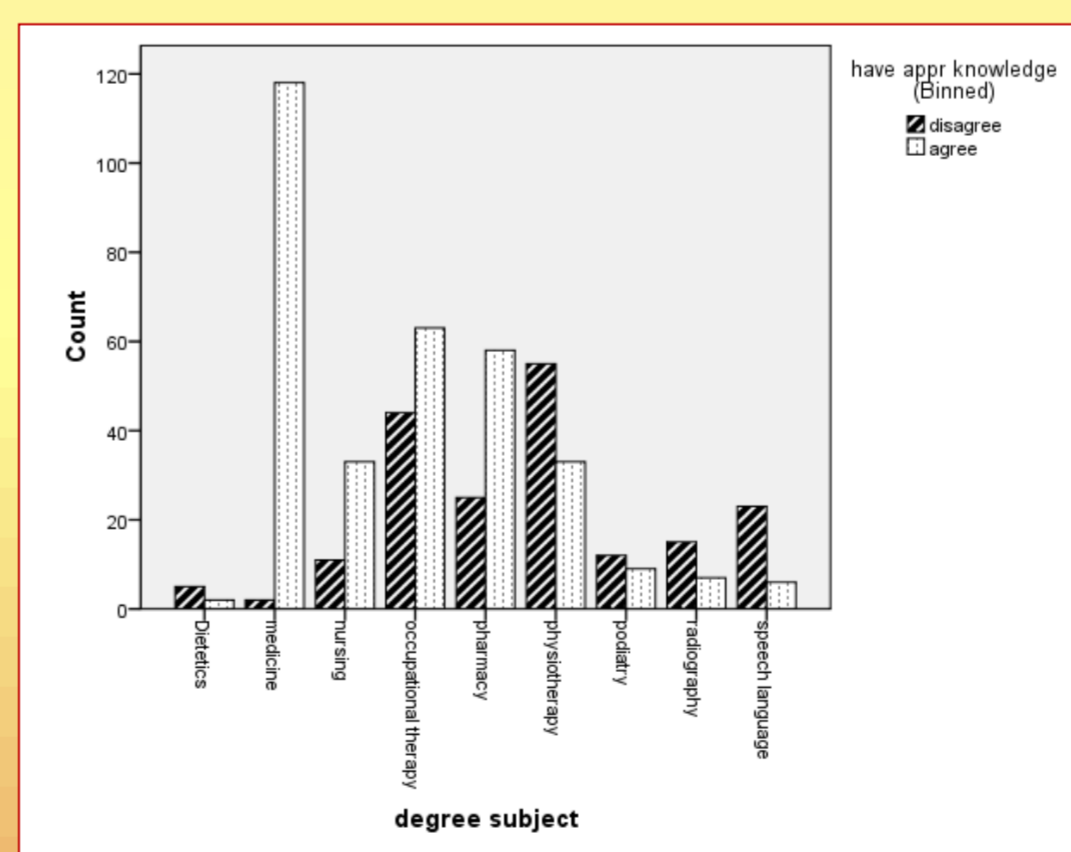
While these AHP students have experienced Inter-professional teaching throughout their undergraduate years, not all felt that their profession had a role in this area. Interestingly among those professions which did identify a role for themselves, this was not always recognised by their fellow AHP students. Our findings may have implications for undergraduate education, undergraduate inter-professional education and continued professional development in this important area of public health practice in Scotland.

Table 1; Summary of responses to questions relating to UK responsible Drinking guidelines for medical students and Allied Health Professionals.

Group	N	Accurate estimate of own drink unit content (amongst drinkers)	Responded 'Don't know' own drink unit content (amongst drinkers)	Accurate recall male guidelines	Accurate recall female guidelines	Responded 'don't know' when asked to quote male guidelines	Responded 'don't know' when asked to quote female guidelines
Medical students	121 (drinkers N =102)	64.7% (N = 66)	2.9% (N = 3)	86.0% (N =104)	89% (N =108)	0.8% (N = 1)	0.8% (N =1)
All AHPs	406 (drinkers N = 365)	53.4% (N =195)	14.2% (N = 52)	59.4% (N =241)	67.7% (N =275)	11.8% (N = 48)	10.3% (N = 42)

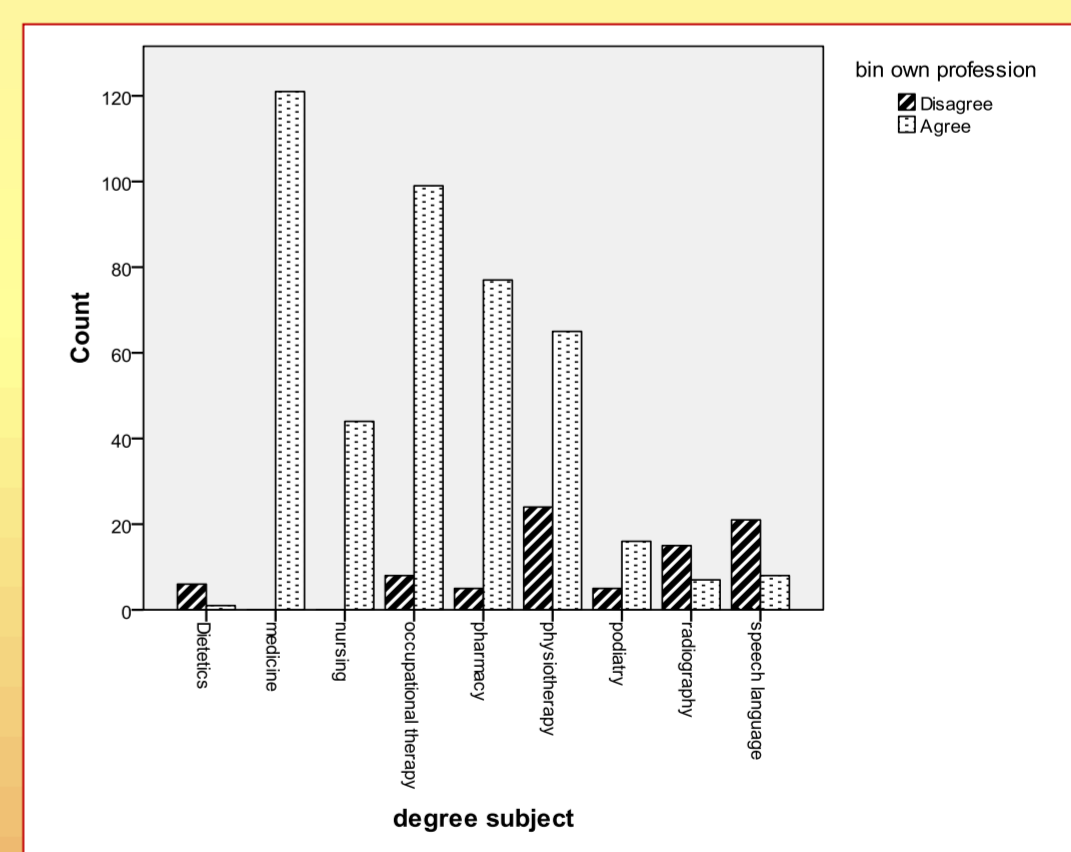
These findings are in part reflected in the differing responses of the various student groups to the statement ' I feel I have the appropriate knowledge to advise my patients about responsible drinking advice and the problems associated with alcohol misuse'. See figure 1. (97.5% of medical students agreed, only 52% of AHP students. In five professions the majority of students felt that they did not have appropriate knowledge.

Figure 1. Number of students of each profession indicating agreement /disagreement to the statement ' I feel I have the appropriate knowledge to advise my patients about responsible drinking advice and the problems associated with alcohol misuse'.



Responses to the statement 'I believe my own profession has a role to play in brief interventions when alcohol misuse is suspected in a patient' are summarised in figure 2. Professions where the majority disagreed were Speech and language, radiography and Dietetics.

Figure 2. Number of students of each profession indicating agreement/disagreement to the statement "I believe my own profession has a role to play in brief interventions when alcohol misuse is suspected in a patient".



Respondents were asked to name the profession they thought was best placed to intervene and offer advice when it is suspected that a patient has a problem with alcohol. The most frequently selected profession was 'medicine'. Two professions were identified as appropriate by their own students but not appreciably by their future AHP colleagues; pharmacy and occupational therapy. Only three Dietetics students named themselves but they were listed by a large number of medical and AHP students.

