Evaluation of a model of interprofessional education

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Interprofessional education among health care professionals has been recommended as a way to improve the quality of services. This paper analyses the results of an evaluative study of a practitioner-led, interprofessional programme for preregistration health care students, the Trust-Based Education and Training Programme, developed by South West London and St George’s Mental Health NHS Trust in collaboration with several local universities.

The term ‘interprofessional education’ has been defined as ‘a learning process in which different professionals learn from and about each other in order to develop collaborative practice’ (Freeth et al, 2002). Educating health care professionals is a key issue in the provision of quality services, and ‘interprofessional education’ has been proposed as a means of meeting this challenge (McPherson et al, 2001).

It has also been recommended that the availability of interprofessional education within health care programmes be used as a measure of the quality of such programmes (UKCC, 1999).

South West London and St George’s Mental Health NHS Trust has collaborated with several local universities to develop and implement such a programme. Entitled the Trust-Based Education and Training Programme (TBETP), it enables preregistration mental health nursing students to learn from and with students of learning disability nursing, occupational therapy and psychology.

Students who are eligible to undertake their practice placements within the trust can attend TBETP.

TBETP is facilitated by practising nurses, psychologists and occupational therapists, in collaboration with nurse lecturers. This practitioner-led approach reduces the theory-practice gap as perceived by Rolfe (1996) by enabling what is taught to be directly related to practice. TBETP is delivered by ‘small group teaching’ (Quinn, 2000) to enable critical thinking and interactive learning.

The programme was evaluated during the academic year 2003–2004 to determine how participating students and facilitators viewed the programme.

Background

The health care professions should be actively encouraged to learn with and from each other (UKCC, 1999). In addition, guidance documents from the Department of Health have increasingly specified that interprofessional working and education are essential to the task of health and social care staff (Oxley and Glover, 2002).

Moreover, high-profile cases such as the Bristol Royal Infirmary inquiry (Kennedy, 2001) and the Climbé inquiry (Laming, 2003), have identified interprofessional learning and working as a key element of quality care and education. Until recently, however, formal interprofessional learning has been limited for local undergraduate mental health nursing students. This has now been redressed with TBETP.

Despite the recommendation that different health care disciplines should learn from and with each other, a critical review of existing interprofessional programmes found that fewer than 30 per cent of published evaluations included preregistration students (Freeth et al, 2002). Thus, the evaluation of TBETP will assist to increase the body of evidence in support of interprofessional education within preregistration health care programmes.

The programme

The report Making a Difference (DoH, 1999) highlighted the need for nurse practitioners to combine teaching with nursing care so that students can acquire practical skills. As a result, the core of the teaching on TBETP is delivered by experienced, senior nurses at the trust. The content is informed by the preregistration nursing curriculum and includes:

- Child protection;
- Risk assessment and risk management;
- Effective mental health teamworking;
- Change and responding to change.

These were selected on the basis that they would be relevant to the various professional groups involved in the programme.

The delivery of TBETP on trust premises is crucial. It has been reported that interprofessional education that is based in the workplace is much more likely than university-based education to result in changes in practice or benefit to patients (Barr, 2000).
Practitioner-led approach

The practitioner-led approach of TBETP represents a major change in the current delivery of nurse education in the UK, since the theoretical aspects of the nursing curricula is usually led by university lecturers. Several factors contributed to TBETP being led by practitioners.

First, despite the clinical pressures, it makes sense for practitioners to set aside formal teaching time for students (Wheeler, 2001). Second, within the nursing profession it is important that students are taught by those with practical and recent experience of nursing (DoH, 1999). Third, since it is experienced practitioners who facilitate TBETP sessions, the programme is consistent with the government’s commitment to create more opportunities for experienced staff to combine teaching and patient care so that students can acquire better practical skills (DoH, 1999). Finally, within the nursing context, it has been recognised that practitioners who also have teaching roles (such as those involved in TBETP) have tremendous potential to improve nursing and midwifery education and to support students in practice (Lathlean, 1995).

Small group teaching

Brown (1996; 1997) suggests that working in a small group can help students to develop interactive and collaborative skills that are necessary for employment and research. The ‘small group teaching’ approach of TBETP has been adopted for two main reasons.

First, didactic lecturing to large cohorts of students has recognised flaws (Norman et al, 1996) and students cannot be expected to learn from and with each other by this method of teaching. Second, critical thinking, reflection and emotional intelligence are important learning processes for mental health professionals and are facilitated by small group teaching. Within TBETP, participating students are divided into four groups of no more than 20 students. Each is led by two practitioners or by one practitioner and one lecturer.

Student attitudes towards interprofessional education

Before-and-after studies appear to be the most profitable way of investigating processes and outcomes associated with interprofessional education (Freeth et al, 2002), so a survey was conducted with the students prior to their attendance at TBETP. The purpose of this pre-attendance survey was to gauge possible attitudinal barriers, assumptions and fears that might interfere with collaboration or inhibit interprofessional working among students. Out of a total of 174 students, 168 (96.5 per cent) responded to the pre-attendance survey.

Following their attendance at the TBETP days, a similar survey was conducted to determine whether students’ attitudes towards interprofessional education had been altered by the programme. A total of 107 (63.3 per cent) students responded. Learning disability nursing students were the only group who failed to respond to the post-attendance survey.

The most significant differences between the students’ attitudes towards interprofessional education between the two surveys were:
- Psychology trainees became more positive about learning from other professionals;
- Mental health nursing students became more positive about learning with other disciplines being a valuable experience;
- Occupational therapy students became more positive about interprofessional education helping them to learn;
- Psychology trainees became more positive about interprofessional learning helping them to provide better care to service users;
- Psychology trainees became more positive that interprofessional education would not devalue their profession.

Student evaluation

The success of the interprofessional nature of TBETP is judged by the extremely positive evaluations from both students and facilitators. At the end of each teaching day, a ‘Likert scale’ reflective questionnaire was used to gather the reactions of both students and facilitators to the learning experience. Students’ evaluation forms were divided into three categories:
- The learning process;
- The individual workshops and their facilitation;
- The organisation of the day.

Out of the 174 students who participated in the interprofessional TBETP days during 2003–2004 (Fig 1) 131 students (75 per cent) responded to the evaluation questionnaire.

REFERENCES


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The learning process
The opportunity to work in small groups was regarded as a useful learning experience by 91 per cent of students. Mental health nursing students were the most positive, and learning disability nursing students the least positive. Some 92 per cent of students ‘strongly agreed’ or ‘agreed’ that the content of the sessions was informative. Mental health nursing and occupational therapy students were the most positive, and learning disability nursing students the least. Some 83 per cent of students ‘strongly agreed’ or ‘agreed’ with the statement ‘I think the workshops worked well and this format should be repeated in my training’. In addition, 94 per cent thought that studying in a generic student group would make it easier to work with staff from other disciplines in clinical placements.

Workshops and their facilitation
The facilitation of the sessions was seen as very good by 87 per cent. Mental health nursing students were the most positive and psychology trainees the least. Some 97 per cent ‘agreed’ or ‘strongly agreed’ that ‘The sessions being facilitated by practising clinicians improved my learning experience’. Occupational therapy students were the most positive and mental health nursing students were the least positive. Theory was regarded as being well integrated with practice by 86 per cent of students. There was 99 per cent agreement or strong agreement that students felt comfortable learning with those from other disciplines and 97 per cent agreement or strong agreement that they learnt more as a result.

Organisation of the day
Some 84 per cent of students ‘strongly agreed’ or ‘agreed’ that the day was well organised. Mental health nursing students were the most positive and occupational therapy students the least. The statement ‘I think the workshops were informative and this format should be repeated in my training’ received an evaluation of ‘strongly agree’ or ‘agree’ from 88 per cent of students. Occupational therapy students were the most positive and psychology trainees were the least positive.

Evaluation by facilitators
A total of 20 practitioners and lecturers facilitated the TBETP days (Fig 2). A total of 13 (65 per cent) responded to the evaluation questionnaire.

These forms were divided into three categories:
- Workshop format;
- Students’ receptiveness;
- The organisation of the day.

Workshop format
There were 10 facilitators (77 per cent) who ‘strongly agreed’ or ‘agreed’ that they preferred facilitating small groups as opposed to lecturing to a large group. A total of 12 facilitators (92 per cent) ‘strongly agreed’ or ‘agreed’ that they preferred to work with a co-facilitator rather than on their own, that they drew strongly upon their clinical practice to enhance the session and that they were able to integrate theory with practice. The statement ‘I felt comfortable facilitating a group with students from various disciplines’ received agreement from all 13.

Students receptiveness
All 13 facilitators ‘agreed’ or ‘strongly agreed’ that they found the students receptive to the teaching and that the content of the session was appropriate for the students.

The organisation of the day
All 13 facilitators ‘agreed’ or ‘strongly agreed’ that the day was well organised, that they had enough time for their sessions and that the interprofessional framework worked well, and should be repeated. The statement ‘I think the workshops worked well and this format should be repeated for other students in training’ received agreement or strong agreement from 11 facilitators.

Conclusion
The development of a trust-based, practitioner-led, interprofessional programme for preregistration health care students was positively evaluated by students, practitioners and lecturers. Attitudes towards interprofessional education become more positive following attendance. It is clear that different disciplines enjoy learning from and with each other in small groups, particularly where they are facilitated by practitioners. Follow-up studies are needed to determine the effect on students’ ability to embrace collaborative practice and by so doing, deliver better care to service users.

FIG 2. NUMBER OF FACILITATORS AND THEIR PROFESSIONAL GROUP

- Nurse practitioners: 12
- Psychologists: 4
- Nurse lecturers: 3
- Occupational therapists: 1

REFERENCES