Using interprofessional learning in practice to improve multidisciplinary working

How an initiative using interprofessional practice learning teams helped multidisciplinary working as it enabled students to understand each others’ roles

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This article describes how a system of interprofessional learning was established and developed. It gives practical tips on implementation and some short case studies demonstrating how students have benefited from this approach.

BACKGROUND

Practice learning teams have been used at the University of Nottingham since 2000 to support students and mentors in practice (Chapple and Aston, 2004). They arose following concern that the link teacher system of allocating teachers to support student nurse placements was ineffective and difficult to manage.

A consultation was held at the university and lecturers, students, mentors and service providers agreed that a partnership approach was the way forward. A decision was made to set up teams to cover specific specialties with responsibility for maintaining and developing the learning environment.

The teams are made up of lecturers and practitioner representatives who share responsibility for students and learning in specific placements. They meet regularly and discuss issues around mentorship, students, effective learning and how student evaluations can feed into the process of developing learning in practice.

Recently, there has been a move to develop interprofessional learning as a response to incidents such as The Victoria Climbié Inquiry Report (Laming, 2003) and the Wayne Jowett inquiry (Toft, 2001). These highlighted the importance of professionals learning about each others’ roles and learning to work more effectively as a team (see Background box). Interprofessional learning is established in the university with shared teaching experiences and conferences for nursing, medical, physiotherapy, midwifery, pharmacy, dietitian and social work students.

INTERPROFESSIONAL PRACTICE LEARNING TEAMS

During 2006 and 2007, a project to introduce interprofessional learning into clinical areas using the existing practice learning teams was piloted. It was funded jointly by the former Learning in Practice Unit in Nottingham and the University of Nottingham.

Practice learning teams were used to provide interprofessional opportunities for healthcare students in the clinical area and became interprofessional practice learning teams.

The project aimed to:

- Develop four teams across our local health community;
- Embed processes and structures to provide a sustainable, interprofessional experience for students;
- Evaluate the project and share the findings across the university.

Four teams were selected:

- Cancer wards that provided active treatment and palliative care;
- Trauma and orthopaedic wards;
- Community hospital providing rehabilitation services;
- Residential mental healthcare.

A project manager explored the possibility of developing interprofessional learning within the teams, and encouraged practitioners and teachers from all professions who delivered care in these clinical areas to become part of the project.

Within each team, champions for interprofessional learning were identified to lead and coordinate the learning experience in the clinical placement. This needed to be patient focused, student centred and facilitated.

A training session was developed to help these champions gain the necessary skills to encourage learning between different professions.

PRACTICE POINTS

- Interprofessional learning should not be viewed as something that is separate from what already happens in the workplace.
- The benefit of this form of learning is that students will have a better working knowledge of other professionals, enabling them to make appropriate referrals to other professions and work more closely with them.


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types of students. A champion could be a practitioner from any health profession who was passionate about facilitating student learning.

**EVALUATION**

Interprofessional learning experiences were delivered in the teams and evaluated using a questionnaire developed to measure the project’s effectiveness. Fifty-three students from eight healthcare professions took part in the project in March-September 2007.

The evaluations looked at the type of interprofessional opportunities available, how they enhanced understanding of other healthcare professionals, and patient care. The ways these learning experiences had contributed to students’ professional development were also evaluated.

The evaluations were positive and comments included:

- “Realisation of how closely these teams have to work together and how each profession is directly dependent on the other to provide a good and effective treatment for the patient concerned” (physiotherapy student, third year);
- “Useful to discuss patients’ care with other healthcare professional students and formulate plans based on a team’s input as they will (hopefully) be part of my everyday job” (medical student, fourth year);
- “It allows better communication between the different professions and better understanding of each others’ roles. This can only contribute better quality of care for patients, more effective working and quicker/better discharge” (student nurse, second year).

The only negative comments were that not enough disciplines were involved, which was expected as we had decided not to manipulate student numbers but to work with students normally allocated to those areas involved.

After completing the project, the interprofessional approach has continued. This sustainability is due to:

- The key role played by the champions, who felt the approach enhanced the quality of students’ education;
- The support the mentors/clinical educators gained from this collaboration when they were planning interprofessional learning experiences.

**USING INTERPROFESSIONAL LEARNING IN PRACTICE**

The interprofessional practice learning team meets every three months to discuss allocation of students and opportunities for interprofessional learning as well as student experiences, identifying what went well and what could have worked better.

A system of allocation mapping is used to identify when students from different disciplines are allocated to a clinical area at the same time. This mapping allows the team to plan activities to ensure students have opportunities to work together.

When students start on a ward they have a period of time to settle in and get to know the routine, patients and colleagues before being introduced to interprofessional learning. During their orientation, they meet students from other disciplines. When they have settled in, students are invited to a meeting where they are introduced to the aims of interprofessional learning. They are given an opportunity to discuss learning options they might consider, such as presenting a patient at a case conference, and are advised to get together as a group to decide on shared goals for the placement and how they will achieve them.

Students are asked to present what they have learnt and how they have benefited from the experience to their facilitators. This is done both verbally and in writing. The outcome of the experience is fed back to team members at the next meeting.

The benefits and pitfalls of interprofessional practice learning teams are set out in Box 1.

**USING INTERPROFESSIONAL LEARNING**

Below are a series of case studies where this form of learning has been used. The case studies are provided by interprofessional practice learning team members and students. Box 2 gives students’ comments on their experiences.

**Nursing and physiotherapy students**

An initial meeting about interprofessional learning was held with a student nurse and a student physiotherapist. They decided to look at a pressure risk assessment tool, and where their respective roles fitted, for example around nutrition. The nurse saw the importance of nutrition in relation to wound healing and preventing skin breakdown, while the physiotherapist focused on the energy levels needed to perform prescribed exercises.

Initially, each student observed the other’s role, with the student nurse attending a falls group and activity classes, and the student physiotherapist helping the nurse to wash and dress a patient.

Both then met their mentors and gave verbal feedback on the experience and how they had benefited from it. They both then
The aim of the interprofessional learning experience was for students to understand the multidisciplinary team (MDT), the role of each others’ profession, as well as their specific involvement with Mrs Green and how this would affect management of her condition and treatment.

The students were able to organise time to meet to discuss their roles and prepare feedback to present at the ward case conference about Mrs Green’s condition and also to contribute to MDT planning and goal setting. They were able to discuss this with other healthcare professionals and the consultant.

The speech and language therapy student commented that her learning experience gave her an increased awareness of other professional roles and developed her confidence in patient management and communication skills. She was able to feed back confidently during the case conference and developed a much more holistic view of Mrs Green’s needs.

“The patient’s name has been changed.

CONCLUSION

Interprofessional learning requires: committed practice learning team members from all the multiprofessional team; carefully planned student timetables; enthusiastic students capable of managing self-directed learning; and excellent communication. The benefits are improved understanding of each others’ roles and improved patient care facilitated by appropriate referral and reduced duplication of care.

REFERENCES

