



Learning from interprofessional education: A cautionary tale

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ABSTRACT

Background: Interprofessional education (IPE) is time consuming to develop and sustain and presents many logistical and practical challenges to curriculum developers. Drawing on findings from an evaluation study of an IPE pilot, this paper brings new insights into both positive implications and potentially negative consequences of delivering large scale IPE.

Objective: The aim of the study was to evaluate a large scale IPE pilot delivered to students in the first year of their training.

Design and Setting: The IPE pilot took place on campus and was focused on patient safety (human factors).

Participants: The study involved 630 first year undergraduates across 10 programmes at a UK university.

Methods: A mixed methods evaluation was conducted comprising a paper-based survey circulated at the end of the taught session followed by uni-professional focus groups (n = 4). Questionnaire data was subject to descriptive statistical analysis and key themes were generated from the focus group data.

Results: Three overarching themes emerged from analysis of the qualitative data: Understanding differences in roles, Learning about stereotypes and Unintended perpetuation of stereotypes.

Conclusions: IPE is an important part of the training of all health and social care professionals and the study revealed many benefits of this approach. However, we should be sensitive to the possibility of inadvertently perpetuating negative stereotypes as a consequence of IPE activities. Our work highlights the need for caution when considering the planning and executing IPE activities.

1. Introduction

Interprofessional education (IPE) is recognized as essential in the training and education of practitioners to equip them with the skills, knowledge and attitudes to work together in meeting the needs of service users (World Health Organization (WHO), 2010). At policy level, the role of effective teamworking across professional and organisational boundaries has been considered key to avoiding gaps, reducing duplication of effort and preventing error (Department of Health, 2000a; Department of Health, 2000b; World Health Organization (WHO), 2015). With increasing demand for healthcare and increased complexity of patient need, there is continued emphasis on effective collaboration (Department of Health, 2014).

There is however, no prescription on how to ensure effective preparation of professionals in training to work collaboratively. There is limited evidence on the extent to which undergraduate IPE (where students learn with and from, but not work in practice with their peers), can impact positively on collaboration, or that it has a positive impact

on patient outcomes (Reeves et al., 2008).

Despite this, in the UK, IPE remains a requirement of medical and healthcare professional curricula (Nursing and Midwifery Council, 2008; General Medical Council, 2009; Health Professionals Council, 2012) and is a common feature of curricula internationally (Dematteo and Reeves, 2013; Lapkin et al., 2012; Wilhelmsson et al., 2013; Wong et al., 2017). While students are required to undertake IPE, the nature and length of the activities, combinations of professions involved, and whether or how this should be assessed is not clear. Consequently, there is pressure to provide IPE opportunities and show that they are effective with little attention given to how IPE may impact negatively. By contrast to this, Paradis and Whitehead (2015) noted a lack of attention to power and conflict in the IPE literature, an aspect of potential risk in implementing IPE which this paper intends to debate further.

In response to regulatory requirements, staff with responsibility for curriculum development and with an interest in IPE at the University of Leeds developed a half day case-based IPE seminar on patient safety (human factors). First year students (n = 630) from 10 health and

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social programmes in the Faculty of Medicine and Health participated in the pilot. This paper reports on evaluation of the pilot with insights into intended and unintended outcomes which have implications for others developing large scale/early years IPE curricula.

2. Literature Review

A common feature in the IPE literature is the reporting of positive learning outcomes including student satisfaction, increased understanding of professional roles and responsibilities and greater appreciation of collaborative working. Consequently, there has been widespread development of IPE internationally (Curran et al., 2010; Anderson et al., 2016; Shrader et al., 2016). Curriculum developers responsible for large scale IPE acknowledge the logistical challenges of designing and delivering IPE (Fook et al., 2013; Lawlis et al., 2014). However, what is often scarce in such accounts is discussion of the complexities of learning to work collaboratively when undergraduates are still developing their own professional identity. Furthermore, there are potential issues posed by IPE in attempting to address socio-cultural barriers to collaboration such as historical rivalries and entrenched stereotypes. The potential risk of reproducing harmful hierarchies through the assumptions and use of language deployed by educators has been noted by Paradis et al. (2017). In our experience, these problems can be amplified when IPE is facilitated by staff who may retain entrenched attitudes from their own practice experiences, despite the moves towards more democratic workplace cultures and distribution of roles and responsibilities in recent times.

Despite general consensus in the literature that IPE should be a core activity (Freeth et al., 2005), there is continued debate as to when it is most appropriate to introduce it (Curran et al., 2007; Thistlethwaite, 2012). Advocates of early years IPE provision argue that early exposure is beneficial in developing students' understandings of multi-disciplinary teamwork (Hammick et al., 2007). This perspective advocates the potential of IPE to shape professional identity and promote socialization in a positive way at an early stage in training, resulting in improved communication and teamwork in practice (Price et al., 2014). While we acknowledge that this may be true, we recognize that students at an early stage have an emerging identity partly based on preconceived views on the knowledge, skills and competence of their own and other professions (Adams et al., 2006). These stereotypes contribute to the formation of the student's own identity and impact on how they respond to the emerging identity of other professional groups of students (Hean et al., 2006; Foster and MacLeod Clark, 2015). Consequently, early IPE exposure may present an opportunity to reinforce rather than to challenge existing negative stereotypes (Dematteo and Reeves, 2013; Rosenfield et al., 2011). Further discussion of the risks associated with developing IPE, particularly in the initial stages of training, allows us to question common assumptions thereby helping curriculum developers to avoid these risks.

3. Context

3.1. Setting

This evaluation study took place in a UK University and was led by a multi-disciplinary team of academic faculty with previous experience of delivering, and/or developing smaller scale IPE.

In developing a large scale pilot the team had to overcome a number of logistical and historical difficulties in order to progress this project. These included identifying administrative support and funding for a pilot initiative that crossed module, programme, disciplinary and departmental boundaries; timetabling a half day seminar that did not conflict with existing teaching; finding sufficient (and appropriate) teaching space for the large numbers; designing groups with a balanced mix of students; developing content that acknowledged variations in students' ages, educational level, placement experience and

professional differences in language, terminology and focus; and, finally, identifying and training sufficient numbers of appropriate staff to facilitate the IPE experience.

3.2. Intervention

The team, in collaboration with leads from the 10 programmes involved, developed a half day case-based IPE seminar on patient safety (human factors theory). Findings from the Francis Inquiry (Francis, 2013) and the Berwick Review (Berwick, 2013) in the UK, and internationally (WHO, 2015), (have highlighted the connection between poor communication, teamwork and patient safety. Human factors theory refers to non-technical skills involved in patient care and safety, including situational awareness, decision making, communication, teamwork, leadership and resilience (Flin et al., 2008). This approach shifts understanding of risk and safety from a culture of individual blame to one that acknowledges the contribution of a system and/or process to error (Reason, 1995; Lawton et al., 2012). The team focused the seminar on this approach to support students' understanding of their role within the multi-disciplinary team as advocates for patient safety.

Teaching materials included a MS Powerpoint presentation on patient safety (human factors theory), activities which provided opportunities for students to discuss their programme and placement experiences and a case-based discussion which explored a failure in teamwork. The intended learning outcomes were for students to appreciate and respect the different roles within health and social care, understand the role of teamwork in patient safety and to develop a patient-centred approach to care. The seminar took place on campus as part of core teaching and was aligned to existing modules focused on teamwork.

3.3. Participants

All Faculty programme leads were approached and their students invited to take part in the pilot. 630 first year students from audiology, cardiac physiology, nursing (adult, child and mental health branches), medicine, midwifery, radiography, social work and the assistant practitioner programme were recruited. Students were allocated across 21 interprofessional groups, with a minimum of 3 students from the same profession in each group. Each group was co-facilitated by two members of staff, one from each of the Schools of Healthcare and Medicine to model interprofessional working to students.

4. Methods

The aim of the study was to evaluate the large scale IPE initiative delivered to first year students across ten programmes from two schools within the Faculty of Medicine and Health.

4.1. Study Design

A mixed methods approach was adopted with quantitative and qualitative data gathered to elicit student views. Students completed a paper-based survey at the end of the IPE event to rate the session using a four-point Likert scale measuring:-

1. The extent to which the day added value in the context of their programme of study.
2. The extent to which the day increased their appreciation of the roles played by other professions.
3. The contribution of the day to their understanding of the importance of team-work in patient safety.
4. The extent to which the day enhanced learning from the associated module in their own programme.

These questions were designed to address Level One of Kirkpatrick's

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