Sharing Perspectives of Interprofessional Learning in Primary Care

Professor Liz Anderson

Dr Christopher Sanders and Dr Andy Ward
GMC – Outcomes 2015

22: Learn and work effectively within a multi-professional team

- Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team
- Understand the contribution that effective interdisciplinary teamworking makes to the delivery of safe and high quality care
- Work with colleagues in ways that best serve the interests of patients, passing on information and handing over care, demonstrating flexibility, adaptability and problem-solving approach
- Demonstrate ability to build team capacity and positive working relationship[s and undertake various team roles including leadership and the ability to accept leadership by others
Interprofessional collaboration (IPC)—the idea that health care is best conceptualized and practiced as a team activity—has grown in popularity to the point of becoming accepted “common sense.” In the practice setting, IPC has grown up alongside changes in health care delivery, particularly the move away from single-practitioner models and patient–provider dyads, to team-based delivery of care.

It’s influence in the educational domain is unquestionable, evident both in competency frameworks identifying it as an essential competency and in calls for interprofessional education (IPE), which together represent a fundamental pedagogical shift emerging in many health professional curricula.

What is IPE?

“Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”.


UK Centre for the Advancement of Interprofessional Education (CAIPE) website: www.caipe.org.uk (2002).
IPE - Primary Health Care Team

• Complexity: integration of health and social care

• Learning Outcomes
  – Teamwork
  – Team-based reflection
  – IP Communication
  – Roles and responsibilities
  – Patient-centred care
  – Ethical issues
Practice-based IPE: The Leicester Model

1. Experience
   - Patient contact
   - Community/Hospital

2. IP Reflection
   - Theory
   - Profession-specific perspectives

3. Assimilation
   - New thinking
   - Integrating perspectives
   - Planning

4. Outcomes
   - Joint presentation
   - Debate
   - Changing practice

Preparation
   - Alignment to curriculum
   - Pre-reading
   - Introduction
   - Team formation

Assessment; learning taken forward into practice

From profession specific..... to interprofessional working
Practice-based Interprofessional Learning

The Leicester Model of IPE (LM-IPE)

- Patient-centred
- Students complete theoretical learning cycles, experiential, reflection and problem-solving
- Engagement of professional staff-hospital or community team members

http://www.medev.ac.uk/resources/articles-and-reports-special-reports/
Theory

- Experiential learning (D’Eon 2005; Clarke 2006)
- Reflective practice (Schön 1987; Dewey 1938)
- Trialogical learning (Hakkarainen & Paavola, 2007)
- Synthesis (Vygotsky, 1978; Wackerhausen, 2009)

Underpinned with Theory

• David Kolb 1984: 4 different stages of learning from experience
  – Feeling, watching, thinking, doing
  – Fits the range of student learning styles

• Donald Schön 1983: The reflective practitioner, how professionals think in action; reflection-in-action, and reflection-on-action

• Etienne Wenger 1999: Social learning theorist; how learning occurs because of connections within communities e.g. clinical communities of practice.
Two Pilots Outcomes

City Academy and Lakeside

• Medical and pharmacy students
  – Polypharmacy (n=60)

• Medical and nursing students
  – Care planning (n=24)
What Happens
The Leicester Model: Short-Practice Placements

Preparation for practice

Theory
• Contact hypothesis (Allport 1979; Carpenter and Hewstone, 1996)
1. Learning and working with patients and practitioners

*(community home visit)*

**Theory**

- Experiential Learning
  (Kolb, 1984; D’Eon, 2005; Clarke, 2006)
2. Reflection on learning.
Students apply profession-specific understandings asking questions about what and why decisions have been made.
Guided by facilitators.
3. Assimilation: Students agree together potential solutions to problems and begin to make sense of their learning and prepare to present their findings.

4. Outcomes: Students present their findings and propose solutions in discussion with experts. Clinical errors are referred back to the clinical team.

- Changes to patient care
- Students take forward their learning

Theory
Synthesising for change
(Vygotsky 1978)
Evaluation Research

Research: Ethical permission to follow all stakeholders

Evaluation to date:

– Pre and post testing
– Thematic analysis of student questionnaires
– Content analysis presentations and the ward feedback forms
Early Findings - Polypharmacy 2015

• Adjustments to content being made
  – Students want more cases
  – Students ask for more time to access GP records
  – PHCTs = Understanding patient consent (time consuming)
  – Training of educators (PHCTs) in IPE facilitation
    • Master Class open to anyone next Tuesday 2\textsuperscript{nd} May
Early Findings

“It was a good opportunity to interact with the pharmacy students and experience first hand the benefits of working together to manage a patient” Medical Student.

“Learning alongside medical students and visiting patient houses gave us the ability to learn from each other’s skills and also to work together to make decisions which is helpful for our future practice” Pharmacy student
Early Findings - Care Planning

“Better understanding of what is required for care planning so I can maximise efficiency and reduce unnecessary admissions when I’m a doctor”

“It was a really good experience and interesting to see the differences between the way different students take histories with patients”.

“Luckily I was paired with good communicators who had a good understanding of care planning respectful to what everyone had to offer”

“Excellent opportunity to look into patient histories and focus on the individual needs”.
Interprofessional learning on polypharmacy

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SUMMARY

Background: Prescribing errors remain a continuing patient safety concern. Eradicating error in prescribing requires closer working between doctors and pharmacists. We report on interprofessional learning for medical and pharmacy students on complex polypharmacy in older people. This short course enables final-year students to work with in-patients to meticulously examine students’ learning, using a questionnaire, case presentations and ward feedback forms.

The quantitative questionnaire data were analysed using sss and qualitative data were analysed using thematic analysis; case presentations and feedback forms were analysed using content analysis.

Results: A total of 525 students (294 medical students and 231 pharmacy students) participated in polypharmacy in older people and how to achieve effective communication to ensure medication safety. In-depth analysis of 58 in-patient cases identified drug errors concerning STOPP/START guidelines, unclear prescriptions and drug interactions.

Discussion: Medical and pharmacy students seemed to value collaborative practice to jointly analyse the complexity of

Summary

• Students value the Leicester Model cycle of learning
  – Responsibility
  – Experience being in a student team working alongside the actual team
  – Expansive learning

• Confidence to run IPE sessions comes from doing them
  – Teachers learn about other professions alongside the students
  – Easy to get it wrong....
References


