Acknowledgements

The next step in the project is to evaluate these existing modules and to expand and embed them across the entire School and Faculty. An interprofessional education (IPE) website has been developed to disseminate the findings and techniques involved in this study as well as to highlight future plans and relevant resources, publications and conferences (www.ipe.org.uk). With further use of the virtual learning environment it is planned to expand the existing interprofessional education throughout all years and health and social care subjects. In the coming months it is also planned to adapt the RIPLS-based questionnaire for distribution across the phase 3 of the Medical, Health and Social Care courses to examine changes in attitudes over the past 2 years since the initial introduction of the first year interprofessional workshops.

CONCLUSIONS

The feasibility of an integrated interprofessional education across all levels of health and social care education in Aberdeen has been demonstrated by successful pilot studies and in the coming months and years these will be evaluated and embedded through the curricula across School and Faculty at both universities. This Robert Gordon University/University of Aberdeen shared learning initiative has been included in the 2004-05 Quality Assurance Agency for Higher Education’s “Employability Quality Enhancement Theme Case Studies”.

REFERENCES


INTERPROFESSIONAL HEALTH AND SOCIAL CARE EDUCATION ACROSS
TWO UNIVERSITIES IN ABERDEEN

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INTRODUCTION

Interprofessional education has been defined as “occasions when two or more professions learn from and about each other to improve collaboration and the quality of care”. (CAIEP, the UK Centre for the advancement of interprofessional education, 1997) The government first called for the development of interprofessional practice in the health service nearly fifty years ago. Over the intervening decades there have been a number of short-term initiatives developed in an attempt to address this issue. Although many of these educational interventions were well developed and well organised they had short life spans mainly due to changes in the lead staff, lack of funding or timetabling difficulties. In recent years in England many of these issues have been tackled with the help of the Department of Health which has given funding to centres to develop shared or common learning programmes. As a result, ventures like the New Generation of Interprofessional Learning (NGIPL) and the New Interprofessional Learning Saving System (NILSS) have been undertaking.

However, until recently in Scotland there has been little in the way of development or funding for interprofessional education in health and social care. Although it has now been acknowledged that multidisciplinary working in the National Health Service is necessary to ensure the best quality of care for patients. It had been stated in the “Designed to care – renewing the NHS in Scotland” document that “Teamwork and cohesion are vital to the delivery of patient care” and in his foreword to “The right medicine”, Bill Scott, the Chief Pharmaceutical Officer for Scotland, stated that: “Whole system working and improving the patient’s experience within and across clinical and organisational boundaries, sets a challenge to health care professionals.” The establishment of an interprofessional education in health and social care. Although it has now been acknowledged that interprofessional education, 1997) program learning together) at Southampton and Portsmouth universities have been undertaken. To help overcome these difficulties and to allow for further extension of the multidisciplinary workshops.

In each workshop, groups of 8 to 10 first year students from courses in nursing, medicine, occupational therapy, pharmacy, physiotherapy, radiography, dietetics and social work took part in tutorials to explore the different roles of their future professions based on a case study of an elderly patient. Each group of students was mixed on the basis of discipline with as many professions represented in any one group as was logistically achievable. Likewise tutors were also drawn from across the range of courses involved in this initiative. The session emphasised small group learning and was interactive with the tutor taking on the role of facilitator. The students brainstormed ideas and made notes on suggestions and provided their views on the content and process of the session.

By the end of the workshop it was expected that students should be able to: (1) Describe the likely range of health and social care needs of the patients in one or two case studies, (2) Discuss the contribution of different health and social work professions to meeting the needs of these patients, (3) Identify overlaps in care provision and discuss how these might be resolved, (4) Work productively and responsibly as part of a multidisciplinary group and (5) Recognize the importance of: mutual respect, recognition of the contribution and skills of other professionals, and good communication in multidisciplinary working.

Overall feedback from both students and facilitators was extremely positive and data from a subsequent shared learning questionnaire demonstrated overwhelming support for the initiative and a strong desire to have more interprofessional content across the entire undergraduate healthcare curriculum. The findings of this initiative demonstrate the benefits of working together in an undergraduate multidisciplinary healthcare team to improve communication and understanding of interprofessional working in a healthcare environment.

The major issues that arose from the organisation of these workshops were the huge logistical problems of moving students to different locations and the difficulties of timetabling these sessions into the curriculum. To help overcome these difficulties and to allow for further extension of the interprofessional initiative a decision was made to develop and pilot an online course in early 2004. In this module a small cohort of final year medical and pharmacy students (n=32, 14 pharmacy and 19 medical students) successfully used a shared learning virtual classroom environment to work together. This particular short module was designed as a “top-up” revision tool as well as an interprofessional learning experience. The students took part in five online interprofessional sessions where they were introduced to a virtual patient and given access to his medical notes and a video of the patient being interviewed in a medication review. From this information the students then jointly developed a clinical management plan based on their knowledge, expertise and negotiation between professions. Like the larger scale interprofessional workshops this module was met with strong support from the staff and students involved. Although initial difficulties with spam filters, computer capabilities and firewalls were observed these have since been overcome and should not be a major concern in the future larger scale sessions planned in the coming academic year.

In addition, an attitudinal questionnaire on team working and shared learning has been completed by first and final year students in the undergraduate pharmacy and medical programmes. This was based on the Readiness for Interprofessional Learning Scale (RIPLS) developed by the University of Liverpool in the 1990s.4