



University of the
West of England

Making the most of interprofessional learning opportunities: professionals' and students' experience of interprofessional learning and working

Advice for providing academic support

Advice for mentors

Advice for students

Scenarios for interprofessional learning groups

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2008

This resource to support interprofessional learning has been developed after consulting students and qualified health and social care professionals about their experience of learning and working together. Students and staff were interviewed about their experiences of interprofessional learning and working during an evaluation of an interprofessional curriculum delivered in the School of Health and Social Care¹, University of the West of England (UWE), Bristol. Data collected included 105 interviews with 94 students from a range of professions. The curriculum included three interprofessional modules, one in each of three years of study. In these modules students worked together in small groups through enquiry based learning. During a research project funded by the Higher Education Academy Health Sciences and Practice Subject Centre a further 29 interviews were conducted with 13 adult nurses, 5 physiotherapists, 4 midwives and 7 social workers, all of whom had been students at UWE, Bristol before or after the introduction of the interprofessional curriculum. During the interviews with these qualified professionals, they described experiences, identified skills necessary for effective interprofessional working and offered advice about making the most of interprofessional learning opportunities.

A full report of the research funded by the Higher Education Academy Health Sciences and Practice Subject Centre provides detailed information about the views of qualified professionals. This report: Pollard K, Rickaby C and Miers M (2008) *Evaluating student learning in an interprofessional curriculum: the relevance of pre-qualifying interprofessional education for future professional practice* is available from.....

Reports of the interprofessional curriculum evaluation conducted at UWE, Bristol, and details of publications from the longitudinal study are available from <http://hsc.uwe.ac.uk/net/research/Default.aspx?pageindex=2&pageid=29>

In this resource, direct quotes from the students' and professionals' interviews help to clarify the advice for providing academic support, advice for mentors and advice for students. The suggestions and advice included in the resource derive from careful analysis of a range of data from three student cohorts, (now qualified professionals) in one faculty and careful consideration of literature exploring staff and student experience of interprofessional learning and working, as well as personal experience as professionals and as learners.

¹ Formerly the Faculty of Health and Social Care.

Advice for providing academic support

Interviews with health and social care students and qualified adult nurses, midwives, social workers and physiotherapists raised a range of issues that could inhibit the effectiveness of interprofessional learning. Nevertheless interviewees stressed the importance of providing opportunities for professionals to learn together and offered many suggestions for improving student experience of interprofessional learning. Interviewees emphasised the following points for consideration when planning and providing support for interprofessional learning in academic settings.

- Remember that students may not be expecting to spend time in interprofessional modules and may be anxious about gaining the knowledge base and skills that are important for their own profession. Their anxiety may lead them to prioritise work for their professional specific modules and assessment and to downgrade the importance of interprofessional learning. Acknowledging this anxiety may encourage a more positive attitude amongst students.

I think the first year it was...it just seemed to be a complete waste of time. Everybody moaned about it. It was one of those modules that you just thought: "Oh, God..." you know...nobody could really see where it was coming from and I think because in the first year you're so keen to get into the midwifery side of it you just felt that it was a complete distraction, really, from what you were there to do. (midwife)

...I suppose I slightly felt that there is so much to learn with Mental Health, and yet we were having two whole sort of modules on IP...and I feel that I understand about IP...so I feel that really I don't need to do yet another one...a part of me feels that there's nothing else that we have done three whole modules on. We haven't done it on mental illness even. (mental health final year student, studying interprofessional module 3)

- Students may not be familiar with enquiry-based learning (often used in interprofessional learning) and may not be confident about the value of learning with and from their peers. Students may need encouragement during the initial stages, however many recognise the importance of taking control of their own learning.

I think I struggled with it...I think I got lost in understanding the difference between task and process...because what we had to do was work on a particular topic and what I didn't identify beforehand was it was more about how we worked as professionals together to get the topic...maybe it could have been explained in a more proactive way, really...it felt like "You're there in this group, now sort it out (social worker)

It was good, it made you go off and make use of the library properly and websites and things...I thought that was fine, really (midwife)

- The choice of scenario may make a positive difference to the learning experience. Professionals value scenarios that they see as relevant to their own profession but also recognise there is value in considering scenarios that would not normally be covered by their own professional programme.

I know it's difficult with the midwives, but say in the first year when we did it and it was about spondylitis...and it was an older woman and there wasn't really scope for a midwife to sort of put her ideas forward. There was something for the physios, something for the social workers, but it was quite difficult for us to put, especially when we were new to midwifery and ...you know we wanted to learn about midwifery, it was more difficult. So I think if the scenarios were a bit more open, say if the woman was of child bearing age and then we could have had something to have sort of researched more, I think that would have made it better (midwife).

- Suggestions to maximise learning from scenarios include swapping roles when discussing patient-centred scenarios as this fosters understanding of other professionals' responsibilities and encouraging students to think about how to utilise each of the different professions in an individual patient's care.

Splitting them up and doing some sort of game with them, where they sort of do somebody else's role, to see what it feels like, I don't know...do role play, to see how it feels to be....perhaps that's an idea (adult nurse)

- Invite practitioners into interprofessional learning groups to discuss scenarios

Bring trained nurses in. They should bring in qualified physios, bring an OT in....I know that's really difficult to do...but I think that would be really really good and that would just give people insight....we could bombard them with questions like "How can we do this better? Why do you do it like that?" I think they would get a good insight as well. I think they would learn. (adult nurse)

- Ensure assessments are supportive of the aims of interprofessional modules, e.g. by encouraging student collaboration and reflection on collaborative process and own collaborative skills, both in academic and placement settings.

If you could relate it to practice it would be much better...instead of going home and thinking: "Oh, I've got to do that assignment...it's not really relevant to what I'm doing on the ward..." If you could actually associate with doing it on the ward and saying: "Well, actually..." you know, do a reflective piece and say "Well actually I've worked with this team and this is what we did..." and critique it from that. I think that would be fantastic. (adult nurse)

- Maximise the professional mix through careful planning of groups whenever possible.

We had quite a good mix. I can remember there were mental health nurses, children's nurses...I can't think what else there was but I know there was quite a range of people because I know other groups didn't have such a range and I was sort of thinking at least we had a good mix of people (social worker)

- Make the most of the professional mix, however limited by encouraging reflection on own professional role as part of health and social care services even if working in a uniprofessional team. Facilitate learning about a range of professions by encouraging students to consider scenarios from standpoint of different professions. Maximise opportunities to deepen understanding of common difficulties in intraprofessional as well as interprofessional communication and collaborative working. Some students recognised that learning about intraprofessional communication and teamwork was relevant to learning about working collaboratively with other professionals.

I know there's been some discussion, because our group's adult nurses only, but that doesn't actually bother me particularly. I'm sure there are things that I am not aware of, that I'm not picking up, not having other professions there, but there's so much that I am learning, so I think personally that it's just as valid (adult nursing student)

- Highlight issues about interprofessional collaboration throughout professional education, not only in interprofessional modules

If you are going to do interprofessional working training, then do it across the whole board. You know...do the broad module together, the psychology, the sociology...you can do a lot more...rather than just 'this is the interprofessional..' So if you're going to do try multi-agency working then it needs to be across the whole curriculum maybe...(social worker)

- Support students in learning about roles of different professionals through information booklets, more experienced students joining learning groups, swapping professional roles when discussing scenarios

I think we weren't taught enough about who does what in a hospital, who you need to contact... if you need to speak to like a pain nurse or... I know it's obviously different for every trust, but I just think being taught what you should do and when you should do it and who you should go to would have been so much more useful than the dynamics of like a family that live in like a one bedroom house.... And just to learn about each others roles a bit more as students definitely helps you understand it when you qualify. Because I didn't even really know what an occupational therapist did until I qualified [laughs], so we never got that chance to mix with each other, so I didn't have a clue what their role was. (adult nurse)

- Monitor group size to facilitate participation. Whereas confident students may find contributing to groups larger than twenty fairly easy, many may find it difficult to participate in groups of more than four or five. Ensure students have some opportunity to work together in small groups (4-6).

I think in the smaller group everybody mixed really well because nobody knew anybody. But in the bigger group once you had like a couple from each group I think that's when... everybody sort of got back into their own groups again. But the smaller groups worked really well because there were only, I think, about eight of us and if you're all from different professions anyway that worked well because you can't sort of stick on to somebody you know then, can you? It's too easy... just to sit in the same place every time you go there... and not move around and talk to different people. (midwife)

- Monitor group dynamics as some professionals reported professional divides emerging through group discussion.

I think that for me doing those modules actually put stereotypes there that I might not necessarily have developed myself and certainly they made me a lot more cautious of certain professions when I went out on placement... because of my experiences learning alongside them. (physiotherapist)

Older students and those with prior higher educational experience and prior experience of health and social care work can find it easier to contribute in group work than younger students with more limited experience of relevance to scenarios/topics under discussion. Supporting diverse groups to ensure equal opportunities to participate is challenging.

I remember there was quite a discrepancy... it felt like there was quite a discrepancy between social workers and the group and one of the medical [sic] students... and I think that might have been age-related, really, because a lot of social workers... or a lot of the social workers on the course that I was on, came in as mature students who had already been in practice for quite some time... and it felt like... I can't remember whether it was the physios or the nurses... were quite new to being in practice at all. So whilst we had a lot of experience to draw on maybe they didn't. And I do remember thinking: "Well, now, are we very gobby [laughs] ... or are we horribly mouthy... are we horribly assertive?" you know, not trying to sort of get something forthcoming from some of the... And some of them were very young, too. That was my perception. So that's what I remember about it. (social worker)

Advice for mentors

Interviews with health and social care students and qualified adult nurses, midwives, social workers and physiotherapists raised a range of issues that could inhibit the effectiveness of interprofessional learning, particularly in placement settings. Both students and qualified professionals noted concern about a lack of support for students to learn about interprofessional working in practice areas. Concern about attaining profession specific competences can lead both students and mentors to prioritise profession specific skills. Nevertheless interviewees stressed the importance of providing opportunities for students to learn about interprofessional working and for professionals to learn together. They offered many suggestions for improving student and professional experience of interprofessional learning and working. Interviewees emphasised the following points for consideration when planning and providing support for interprofessional learning in placement settings.

- Think about interprofessional working in your own work area. Even if you spend most of your time working with colleagues from your own profession, these colleagues may have different specialisms. The service you provide will involve liaising with other health and social care workers even if you are not directly involved in such liaison. Decisions about your service may be made by other professional groups and other professionals are likely to be supporting the users you have responsibility for. Students and qualified staff were aware that students' experience depends on the vision and collaborative practice of the qualified staff they work with. Students found that the interprofessional modules raised awareness of interprofessional issues, which made them '*question things on the ward, why were they being done that way, why wasn't that person involved?*' (children's nursing student).

You've got your midwives, health care professionals, doctors, which cover a range – obstetricians and anaesthetists, paediatricians, yes, I think that's about it really.... You've got your community midwives, sometimes you have a little bit to do with the NICU (Neonatal Intensive Care Unit) nurses, obviously not really that much...I suppose in rare circumstances you would talk to other areas of the hospital. So if a mother had a heart problem or had to go over to intensive care then you'd communicate with them, but that's only sort of rarely. We're generally quite secluded I think over here...Yes, and also labs as well. We communicate with them quite a bit. Pathology and that sort of thing (midwifery student)

The nurses that you do work with, that kind of impacts on the amount of interprofessional working that you as a student experience, because they as individual nurses have different levels of sort of interprofessional collaboration, regardless if it's the same patients each day you're with, but under different nurses they'd have different levels of interprofessional collaborative practice (children's nursing student)

- Actively encourage/enable students to take up opportunities to learn about other professions and to develop skills in interprofessional working. For example, seek opportunities for students to participate in multidisciplinary meetings, facilitate discussion about interprofessional interaction and interprofessional relationships when working with/meeting your students, and support opportunities for students to work with or shadow other professionals, or to spend time with students from different professions.

I think if they spent time actually out in the community, with the physios and the OTs, and even the social workers, really... although I know they all have their own students, which makes it quite difficult... But if there could be... maybe the OT students could perhaps go on to the ward for a week... you know... have some sort of swap over system going on... and students on the ward being allowed to go on home visits and things and being able to look at the problems that people in care incur when they go home... Because it's all very well saying that a person is ready to go home but quite often... in theory they're ready to go home but their home isn't set up for how they are when they're discharged... So I think it would be good to have an inter-professional sort of swap of roles, maybe... Perhaps in the third year... in their final semester or whatever... (adult nurse)

My mentor, because it was the first time I was really dealing with physiotherapists, she said had I seen what they do, so I said no I hadn't really been around with anybody, so she asked them if it was OK if I could go round, and they were really good. (midwifery student)

- Be willing to give time to students from other professions

The problem is that every group has its own students and when you start asking to go and spend time with anybody they invariably say "We're booked up with our own students". So it's quite difficult to cross the boundaries or spend time with any other discipline (adult nurse)

- Encourage creative ways to meet interprofessional learning outcomes in areas where there is a very small range of professions. Some comments from professionals indicated a lack of awareness of the range of professions involved in supporting individual clients/patients. For example, pharmacists play a key role in primary care.

....In my second year I did a community placement which did seem to be just nursing, there wasn't that much interprofessional working in the community really, it was the district nurses and GPs and that was about it really. (adult nurse)

- Encourage students to find out about the roles/workloads/contributions to care of other professionals and support workers who work in the setting (including the roles of healthcare assistants, administrative staff, porters, domestic staff, and managers). Practitioners are very aware of the value of this knowledge.

A gentleman asked me the other day....his walking sticks were too short...well I knew straight away that the physio would do that. I spoke to her straightaway...And they were sorted...he had a new pair straightaway (adult nurse)

- Reflect on how organisational factors (e.g. resources, professional hierarchies and management structures, working patterns, timing of meetings, use of space and physical location, organisation and team size, staff turnover) impact on interprofessional working in your work area. Discuss these factors with students.

For example, differences in working patterns can cause problems at times:

To elaborate on that, with the occupational therapists, one difficulty is that they only work 9-5 Monday to Friday so getting them to understand the need to come up quickly, and that for a patient, a referral on a Thursday and not being seen until a Wednesday, that is a lifetime for them. It is a huge amount of time to have to wait. It might just be three or four working days but it is a major issue. I've never had any problems with the OTs but I sense that they don't quite understand the 24 hour nature of hospitals and the fact that when they go away the patient is still there. (adult nurse)

- Discuss with students how different channels of communication and use of record systems as well as communication styles have an effect on interprofessional working in your work setting.

There is a set of multi-disciplinary notes so everyone writes in there. . . . Everyone writes in the same set of notes so it's easy to pick up (provided it's not doctor's writing)... (adult nurse)

for me...it's to get back to them even if you don't know the answer...to get back ...

....that you keep in touch. To me that's very important....

....I've always been keen to keep in touch with people....and I've always felt a letter needs a response....And telephone...I used to dread sometimes making the telephone calls...(social worker)

- Consider the interpersonal factors that affect interprofessional working

being approachable...because...if you've got the choice of telling the senior nurse looking after a team or one of the junior nurses, if the junior nurse is more approachable I would tell the junior nurse rather than the other one (physiotherapist)

- Reflect on your own teamworking skills and encourage students to do likewise

*often you're in an interprofessional meeting or on a ward and you're the only profession, or you're representing your profession...and if that person doesn't feel able to speak out because you're in a group setting it means you're losing a whole professional opinion and then you're only hearing probably a biased view from the other professions that are there. So you need to have the confidence to speak out....
.....I suppose in a group setting I'm someone who gets very frustrated if things get dragged on and clear plans aren't made. If clear plans aren't made in terms of ...OK who's doing this, what is going to happen when...you know...what's the next stage? I'm probably someone who goes back to that, wants it clearly written down...OK that's what we're going to do and we'll review it in a week's time....that's one of the main abilities I've got is to bring a conversation back to...what does it all mean?...(physiotherapist)*

- Discuss with students how good or poor interprofessional collaboration affects care delivery in your work setting

We recently had somebody we had to get home and it's a palliative care issue and they needed to have home oxygen but not all the time....it was going to be a future need....but anxiety meant that they felt they needed oxygen and they were worried about being able to do the stairs...And just by working together with the lung cancer nurse specialist...the respiratory care nurse, the physiotherapy and the OT just to get somebody to learn that they could do the stairs by stopping halfway up....they had deep breathing techniques for anxiety....the lung cancer nurse specialist to say "I will be in touch the day after you've got home, when you've settled in. I've ordered the oxygen and it will be in on Monday....by ringing the district nurse to say they're going to come out on Monday when the oxygen arrives..." Just to get the person home on a Friday rather than sit in hospital 'til the Monday that it happened involved a lot of people and experience in knowing who can help....maybe you can make somebody's stay shorter or improve the package when they go home...it makes a heck of a difference. (adult nurse)

- Discuss with students how and whether service users are included in collaborative working.

*We do genuinely have detailed conversations about people and we are respectful and we plan very carefully and do genuinely try to ensure that we are thinking about the patient. We may hold up a discharge from hospital because we are all working to ensure that if they go they don't need to come back again. If we can just get a few things right then it is better in the long run. In that way it is positive, We do involve the patient....
.....My emphasis is on what benefits the patient and if that means ten different professions, that is fine, but sometimes they do get frightened about who is knowing their business etc. (social worker)*

Advice for students

Interviews with health and social care students and qualified adult nurses, midwives, social workers and physiotherapists raised a range of issues that could inhibit the effectiveness of interprofessional learning, in both placement and academic settings. Both students and qualified professionals noted concern about a lack of support from mentors for students to learn about interprofessional working in practice areas. Concern about attaining profession specific competences can lead both students and mentors to prioritise profession specific skills. Nevertheless interviewees stressed the importance of providing opportunities for students to learn about interprofessional working and the value of gaining collaborative experience in placement settings. They offered many suggestions for improving student and professional experience of interprofessional learning and working. Interviewees emphasised the following points for students to consider to ensure they make the most of opportunities to learn about interprofessional working and to develop collaborative working skills.

- Consider the impact of a range of professions, care workers and other services on the delivery of care in the placement setting even if you are mainly working with members of your own profession. Students commented on their increased awareness of the range of professions in placement settings after an interprofessional module. One commented

...that the raised awareness resulting from the ip module carried on during the placement, encouraged her to learn and to keep enquiring what other people do. Wanted to know what other people's roles were, gave example of questioning plaster technicians, to try to understand what they were doing (researcher's summary of interview with children's nursing student)

- Work proactively with your mentor to explore and develop opportunities to meet interprofessional learning outcomes. Opportunities may include attending/participating in multidisciplinary team meetings, working with/shadowing other professionals, observing/engaging in interprofessional interaction.

I think to have opportunities to spend days with a district nurse. Just to get out there more really because what happens is you can focus on... getting on with the work in the placement you are in and in fact you should take opportunities to go out more, attend lots of meetings. Try to speak to other professionals. Get used to your voice being heard in a meeting and to give opinions... If you have a district nurse involved in [a] case, go and talk to that district nurse, so it is still related to the case. Or the health visitor for older people, or go to see the GP. They might give you fifteen minutes of their time to talk about the history with that patient, so just to get out there a bit really. (social worker)

- Use initiative and ask mentor for support in arranging interprofessional learning opportunities. Do not wait for opportunities to be offered if interprofessional learning and working is not a priority for staff in the placement.

On placement I think I took a lot of opportunity to do that ... particularly in places like rehabilitation hospitals. And I took that opportunity because I knew that we didn't necessarily get (ip working) there, so I spent as much time as possible with each different person... speech and language, clinical psychology, that type of thing... And had I not asked ... things like the clinical psychology ... during my general training we were meant to do a mental health placement which wasn't in a mental health institute or with mental health team in the community, it was in an elderly care unit. And whilst I appreciate there's mental health issues I don't think it covers that. So I arranged to spend a week with the community mental health team in the hospital ... had I not done that it wouldn't have been offered. (adult nurse)

- Find out about roles/workloads/ contributions to care of other professionals, and support staff who work in your area (including the roles of healthcare assistants, administrative staff, porters, domestic staff, managers)

*I lived with a nurse and I learned, I think, more about the actual nursing profession in the time that I lived with her in terms of the facts...say...as a new graduate she couldn't do...for example..IV...which learning that, I knew then that when I asked nurses on the ward: "Can you take this drip down?" and when nurses actually said "I can't do it myself" I then realised why they couldn't...because they weren't supposed to know that much as a new graduate. Whereas I think...otherwise I'm very much: "Why can't you do that?"...I think it's just knowing a little bit more....
....I suppose above anything....a summary of what people do learn, what sort of areas they work in and how their professions grow. So like for example...when I probably went on placement in an acute setting...because I'd never worked with any of the medical staff in terms of the doctors, I didn't at all know their structure, so for example, what used to be House Office, Senior House Officer, the Registrar and Consultant.... (physiotherapist)*

- Reflect on how organisational factors (e.g. resources, professional hierarchies and management structures, working patterns, timing of meetings, use of space and physical location, organisation and team size, staff turnover) impact on interprofessional working in your work area. Discuss these factors with your mentor.

... you've got lots of work to do... you'd have to ring the GP... leave a message because you can't get through... and then they'll get back to you and you're out on the road and you're not there when they ring.

Whereas in an integrated team they are there, they're on site, you can go down and you can catch them. (social worker)

- Consider the interpersonal factors that can affect interprofessional working

I think trust. I have to be able to trust them, that they're going to do as they said, and equally they've got to trust me and if I find I'm not able to do something, then it's for me to make sure that I spend the time to make sure they know....I say trust...that they will know, if I say I'll do something, then I will do it. And if I can't then I'll go back....I think we've got to be honest with one another....I definitely think not to hide something...definitely trust and honesty amongst us all (social worker)

- Consider how different channels of communication and use of record systems as well as communication styles have an effect on interprofessional working in your placement.

That's really where the documentation comes in as much as anything else because if you can't attend a meeting where you're hearing stuff verbally, whenever anybody has been with a client they can write down what they have done with that client and it can be down to the ...asking them if they wanted to do this exercise and they said they didn't, and you are quoting verbatim if you need to ...so that you've then got the proof...documentation seems to be the most important... one of the most important aspects of our job...(adult nurse)

....it's really important, listening skills, body language is important, you need eye contact...there's nothing worse than you're talking to somebody when they are sort of looking around at...what they're going to do next, you know they're not interested. And patients notice that, because we're often very busy, but I won't rush myself.Listening, listening to the patient, what they're saying, not what you think they're saying, what they're saying. And compassion and being able to show that in your face' (adult nurse)

- Consider how good or poor interprofessional collaboration affects care delivery in your placement

You can write in the nursing kardex for days about something before it actually happens and you will always hear other members of staff griping over that... that you know... they'll have arranged a discharge for a patient... and it will completely fall apart because somebody didn't make a phone call along the way... it's always a communication breakdown... someone else thinks someone else is doing it and yes it really impacts on service delivery. It's just simple things like... just for example... yesterday I'd seen a patient on a ward with COPD (chronic obstructive pulmonary disease) and I'd handed over to the nurses that the patient must be walked on oxygen to the toilet. And I happened to

be on the ward later... the patient's SATS (oxygen saturation levels) were just ridiculous... you know... 71%... because they'd taken him on air to the bathroom, even though I'd told them in the morning... and, of course, that impacts on the... They hadn't... I'd handed over to one but then they hadn't handed it between them... and that's a massive impact on service delivery. (physiotherapist)

if you are working together for the common aim of the child and the child is at the centre of that then they should be benefiting...and the family, you know the family has particular needs so...you know...so one agency could provide something that's very valuable to the parents that would impact on the child...you know...whether it's getting to school on time, or whatever...just encouraging them in their school work and identifying any particular needs. So yeah, I would say it has got to benefit the service user if you are working together (social worker)

- Consider how and whether service users are included in collaborative working.

But sometimes there can be decisions made which may not be in the best interests of the patient because we are all thinking it from our own point of view, thinking they need nursing care in the setting in the hospital therefore they do need that care at home. They don't go to the toilet on their own in hospital but they do at home. Sometimes professionals don't see that they don't really need that help. We go into this patient vulnerability mode and I do reflect on that – why are they saying that?... There are so many spotlights on the patient and sometimes you just think, how did they ever manage without all this? Something will happen that brings them into hospital and then everyone swoops on them. Before that happened nobody knew about them and now it is all about how will they manage in the kitchen? Can they walk up three steps? Sometimes I just think do we need to do all this?' (social worker)

- Take opportunities to communicate and collaborate with students from other professions who may be based in your placement area. Share learning opportunities if possible

...when we [students] were on the wards...I know it's pretty difficult to do...but it would have been nice if we could have said. "Right OK, well I'd like to come out with you for a day. Can we organise it so that I can actually see what your role is doing?" And that would have been nice. If we could have organised between ourselves and they would have allowed it...I know you can't always do that...but if we could have done that I think it would have been a real eye-opener (adult nurse)

Scenarios

Qualified practitioners, during the interviews, described examples of interprofessional working that were particularly memorable, either because the experience of working together had led to a positive outcome for the user of services, or because failures in collaborative working, had contributed to negative experiences. In academic and practice settings, interprofessional learning opportunities often involve students and professionals discussing scenarios in order to gain insight into the importance of collaborative capabilities. The following scenarios could be used as a basis for discussion.

Positive experiences of interprofessional working

- 1) This positive experience illustrates the importance of interprofessional working to ensure individuals can be discharged from secondary care services safely and successfully. This brief example could be used to encourage students to learn find out about the roles of physiotherapy, occupational therapy, speech and language therapy as well as nursing, and to find out whether other professionals might be involved in discharge planning. The scenario makes reference to expressive dysphagia and hence offers possibilities to explore physiological knowledge as well as the possible importance of a range of additional psychosocial factors. Scenarios around discharge also introduce the policy and organisational context in which health and social care professionals work.

'We've got a gentleman at the moment who is quite a complex discharge and we all know that ultimately this guy wants to go home but he needs an awful lot of physio, he needs an awful lot of OT input, he's got expressive dysphagia so he's having communication from speech and language....and we're all just working together because we know what he wants to do and so everyone is doing what they can in their own profession to....sort of help him achieve that.' (adult nurse)

- 2) This second positive example, offers similar opportunities to explore the roles of the professionals involved as well as key factors involved in successful collaboration.

'We recently had somebody we had to get home and it's a palliative care issue and they needed to have home oxygen but not all the time....it was going to be a future need....but anxiety meant that they felt they needed oxygen and they were worried about being able to do the stairs...And just by working together with the lung cancer nurse specialist...the respiratory care nurse, the physiotherapy and the OT just to get somebody to learn that they could do the stairs by stopping halfway up....they had deep breathing techniques for anxiety....the

lung cancer nurse specialist to say "I will be in touch the day after you've got home, when you've settled in. I've ordered the oxygen and it will be in on Monday....by ringing the district nurse to say they're going to come out on Monday when the oxygen arrives..." Just to get the person home on a Friday rather than sit in hospital 'til the Monday that it happened involved a lot of people and experience in knowing who can help....maybe you can make somebody's stay shorter or improve the package when they go home...it makes a heck of a difference.'
(adult nurse)

3) In this third example of a positive experience, the social worker reflects on the collaboration between a social worker and a consultant psychiatrist. The example illustrates the importance of utilising a range of professional skills and also demonstrates how professional training develops specific 'ways of seeing' that bring different insights to individual difficulties. The importance of the 'whole picture' is particularly well illustrated here.

'adult care mental health...when you undertake an assessment it's usually allocated to a specific person but there's usually two people that go out to complete the assessment...and I can think of one occasion when I went out with a consultant psychiatrist....and you could view that as a bit of a luxury really....we had the referral come through...It was asking for respite care...and this is why the referral forms need to be comprehensive....when we went out I said to him before we went into the house: "Can I ask you why you would have this referral? What's the consultant psychiatrist's role in this? It's primarily respite, why would you be involved?" He said "To be honest I don't know why I've been asked to come along, what my role is going to be. But let's go in....keep an open mind...we'll go in together". We spoke to the carer and she was really, really stressed....about the behavioural difficulties her husband was exhibiting....Now if I had been a lone worker...as we are in the disabled adults team...I would go out and you would recognise the difficulties. But you wouldn't necessarily pick up on what the consultant psychiatrist picked up on which was the medication. He'd been prescribed medication that had interacted with other medications that he was prescribed and that was causing him to exhibit some of the behaviour that he was exhibiting. What actually happened as a consequence of that...he was admitted to XX ward for assessment. They looked at the whole picture...did a whole medication review to wean him off the medication in a supervised setting. Now if I'd gone out on my own I wouldn't necessarily have been aware of this ...and we could have masked the problem' (social worker)

Difficult experiences with interprofessional working

1) Negative experiences often provide particularly interesting learning experiences. This complex story from a social worker illustrates the importance of communication and trust in interprofessional relationships and the negative effects on individuals when communication breaks down. The professional was distressed by the experience and the lack of trust within a group of professionals

...a younger person with MS...lots of problems with her attending ...accepting support....initially it was very much a one-to-one because she didn't want intervention, she didn't want anybody interfering...and it was about working with her initially to build up a relationship ...you don't have to have specialist skills to know that your attendance at the urology department will be really beneficial because that's where they'll monitor your medication; they are the people with the specialist knowledge. So you build on all that and then you introduce "How would you feel if we refer to the community specialist nurse for MS?"....But...you do rely on people having ...universal skills that we all use in

...the continence assessment...was just really hard work..having to ring the specialist nurse and trying to get that facilitated...that wasn't a positive experience...asking for wheelchair accessible transport with a tail-lift...bearing in mind, I think it was once or twice there'd been a failure on behalf of the transport which meant she'd missed an appointment....it was actually the community specialist nurse that was facilitating the urology assessment with a colleague who she works closely with...I rang and I said "Look, what's happened in the past. We need to make sure, please that..." Actually I wrote to her and asked her to make sure that...the transport that was arranged had this, this and this....And by sheer fluke the agency rang and said "Look X is really concerned about this appointment tomorrow....really concerned that she might not go. Do you think it might be worth a telephone call because the son's off and he's said he will travel with her?" So I rang and ...the son and family are very supportive. And I rang the transport tosee if they could arrange for an escort on the transport and they said: "Transport....sorry we've no record of transport." Can you believe that? Can you believe that? So I then had to go back to the service user and say "I'm really sorry". I chased with the GP saying "Is there anything you can do?"....I went back to the Continence Advisory Service where the appointment was and I said: "This is through no fault of this person...This is what's happened". And we had to cancel it. Absolutely terrible! You feel inadequate...you know...you do all that you possibly can and then you've got one thing in the loop that falls down. (social worker)

2) This second example of communication failure also illustrates the distress professionals feel at failures of collaboration. This complex case involved a range of agencies and raises further issues about the consequences of failures for future relationships across agencies. Both examples from social workers illuminate ongoing difficulties in multi agency working and the difficulties bridging the health and social care divide. Such issues warrant specific attention in interprofessional learning groups.

We had a case recently where there was an older woman....and there were lots of concerns that police were coming to us and that and when we went there she wouldn't let us in...and eventually we got the XXservice involved which is the mental health in this area. Now I'd gone out there with another colleague because we were worried about this person and the police were and we then passed it over to our other colleagues' service...to say that we wanted a mental health assessment...and she agreed to that. Now I presumed that was going on and a whole week later I had an e-mail to say that this woman was found dead in her flat. Now the repercussions and how that made me feel and my anger and I don't often get angry and I was really...upset that the system had failed her and that I'd been naïve enough to presume that it was going on, so it was a learning curve for me.....and there was an investigation and some of that came down to workload, but it left me really, really upset on that one because we'd failed the service user completely...and how our colleagues the police view us now, I should not think in a very good light....

.....Some of that came down to, letting each other know...if only they'd phoned me and left a message and e-mailed me to say we've changed our mind, we're doing this...we're going to send somebody else in....we've not got in. ...

...and you've got to work through then how you feel towards your other professionals, which I found very hard for a few weeks...That was just an extreme example of what happened and lack of communication....we failed her. And some of that came down to communication...

....the police...the weekend she dies, had actually been called out again and she turned down going away, so that's why I say the outcome would have been the same, no matter what, but it was just that as professionals somebody hadn't respected me enough to let me know they hadn't gone out, and me as a professional should have checked it out as well, not just left it, so there's a lot of learning curves on that, but that was not a very good interprofessional working at all.....I don't know whether if they'd known me more they would have respected my professionalism more, and my concerns more if they'd known me, I don't know...and it really is talking to one another isn't it? How many times do you hear that? It's the same lack of talking to one another isn't it? (social worker)

3) Similar issues regarding trust, communication across health and social care agencies and the importance of communication systems and interaction styles are raised by this scenario described by a midwife.

A particular incident, we had a lady who'd had....I think this was her third or fourth pregnancy – it was twins. She'd has two or three children taken off her for neglect....and they couldn't find the buff notes anywhere...you know...her old brown notes....we have a social work booklet so that if you're concerned you can see if there's anything and any plan been made...and there was nothing. So we phoned the social work department who said "Well, why would there be a concern.....if you haven't got anything why are you phoning?" And it was sort of about 10-o'clock at night. And we said "Well previous children have been taken into care and we have no buff notes or plan there"...I beg your pardon, there was a little bit of information...but it wasn't conclusive as to whether she should have access to these babies when they were born. And, of course, they were quite shirty when we phoned up to query it. No family support, it said and she said "Oh well, yes, they have family support so why are you concerned?" And we said "Well because of this, this and this...Our heads would roll if we let her walk home with those babies."....Sometimes you phone up for a bit of support and advice and you feel you're just dismissed. (midwife)

4) Whereas difficulties in interprofessional collaboration may be exacerbated by the difficulties of working across agencies, a physiotherapist offered an example of poor interprofessional working within the same hospital. The physiotherapist is frustrated by the failure of nursing colleagues to adhere to the care plan. It would be helpful to have information from the nursing staff to place their actions in the context of their own work and their own understanding of priorities. Students discussing this example could take the opportunity to learn more about caring for those with respiratory conditions, as well as discuss ways of overcoming such failures in collaboration.

It's so frustrating when things fall apart... and it really impacts the patient. You can write in the nursing kardex for days about something before it actually happens and you will always hear other members of staff griping over that... that you know... they'll have arranged a discharge for a patient... and it will completely fall apart because somebody didn't make a phone call along the way... it's always a communication breakdown... someone else thinks someone else is doing it and yes it really impacts on service delivery. It's just simple things like... just for example... yesterday I'd seen a patient on a ward with COPD (chronic obstructive pulmonary disease) and I'd handed over to the nurses that the patient must be walked on oxygen to the toilet. And I happened to be on the ward later... the patient's SATS (oxygen saturation levels) were just ridiculous... you know... 71%... because they'd taken him on air to the bathroom, even though I'd told them in the morning... and, of course, that impacts on the... They hadn't... I'd handed over to one but then they hadn't handed it between them... and that's a massive impact on service delivery. (physiotherapist)