

Practice Evaluation

Interprofessional learning and the development of teamworking skills are recognised as essential for patient care and are also a government priority for undergraduate education. Sixteen occupational therapy students worked on an interprofessional training ward as part of their practice placement and three of them participated in an evaluation using the nominal group technique. Despite this small number, the evaluation identifies the value of this learning experience in giving the students an opportunity to appreciate the importance of interpersonal skills; to learn about other team members' roles; and to experience the challenges of working on a busy rehabilitation ward for older people.

Interprofessional Learning in Practice: the Student Experience

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Background

The delivery of the National Health Service's modernisation agenda requires robust and integrated working and learning by way of well-established interprofessional practice (Department of Health [DH] 2000, 2001). One way of contributing to this is for students from different professions to learn together. The concept of an interprofessional student-directed training ward is a recognised way of achieving this. In 2003, the then South West London Strategic Health Authority commissioned a project to develop a training ward. The project used established training-ward principles developed in Sweden and the outcomes from the St Bartholomew's Hospital and Royal London Hospital pilot studies (Freeth and Reeves 1999, Reeves et al 2002). A training ward involves students from four or more professions working as a team, under supervision, on a particular ward for a designated period, usually 1 or 2 weeks, to plan and deliver interprofessional care (Reeves et al 2002).

The host organisation, Wandsworth Teaching Primary Care Trust, identified a suitable clinical area in one of its

rehabilitation wards for older people. Working in partnership with St George's Hospital, the University of London and the Kingston and Brunel Universities, the training ward was launched in October 2004. At the time of the evaluation, the ward had completed two academic years of operation, providing interprofessional learning for medical, nursing, occupational therapy and physiotherapy students. The focus of the placement is on the students working and learning together, as opposed to learning specific professional skills. Therefore, while they are on the ward the students are supervised by a generic facilitator as well as a profession-specific facilitator. The student team, under supervision, is jointly responsible for sharing the care of, and making decisions for, a designated number of patients, who have consented to and would benefit from a team approach to care and rehabilitation. This includes all aspects of planning, delivery and evaluation.

Throughout the year, the ward functions as any other ward staffed by nurses, doctors and therapists, who continue working when the training ward is in operation during the academic year. Depending on the requirements of each profession, the training ward operates either as a stand-alone 3-week practice placement or, as in the case of occupational therapy students, as 3 weeks of an 8-week placement. Over each 3-week period, three separate student teams work a 7-day week shift system, similar to a standard nursing shift pattern. Each student team works a late shift (12.15pm to 8.15pm) one day and an early shift (7.45am to 3.45pm) the next day, and then has a day off.

This paper reports on an evaluation carried out with occupational therapy students who participated on the training ward, with particular reference to their learning experience.

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Literature review

Reynolds (2005) defined interprofessional teamwork as collaborative working and the sharing of common goals in relation to the patient/client care or therapy. The concepts and processes involved in interprofessional working are complex and can be influenced by many variables, such as a lack of understanding of, and respect for, different team roles, rivalry and the influence of team hierarchies (Atwal 2002, Barr et al 2005, Reynolds 2005). Molyneux (2001) suggested, from her small study, that interprofessional teamworking could be a positive experience if the team members were of the same grade and were interested in interprofessional working and if there was sufficient time for team meetings to discuss patients' needs and goals.

Within health and social care there is an ongoing change in practice, requiring collaborative and interprofessional working (Barr et al 2005). Several high profile health care investigations have criticised staff for not being able to communicate effectively, such as the Bristol Royal Infirmary Inquiry (2001). As a result, the education of health care professionals emphasises the importance of interprofessional learning; this has been supported by government policy advocating the importance of professionals understanding and respecting each other's roles (DH 2001). In relation to occupational therapy, there is an increasing move to give students opportunities to develop their skills and confidence in order to work in a variety of settings, including those where an occupational therapy service is not established, within the voluntary sector, and outside the traditional nine-to-five routine (College of Occupational Therapists 2006).

Government policy and literature suggest that this learning should take place at an early stage in professional education and is best done both in practice placements and on campus (Higgs and Edwards 1999, DH 2000, 2001, Freeth et al 2002, Reynolds 2005). It is recognised that profession-specific placement learning can facilitate students' communication and teamworking skills (Alsop and Ryan 1996, Reynolds 2005). Students are found to be highly motivated when given opportunities to participate in shared interprofessional learning experiences (Gilbert et al 2000, Hilton and Morris 2001). In particular, Hilton and Morris (2001) found that physiotherapy students rated positively the opportunities that they had for interprofessional working while on placement. In their systematic review of interprofessional education evaluations, Freeth et al (2002) grouped outcomes into six categories of interprofessional education: reaction to interprofessional education; attitudes/perceptions of other professionals and of teamwork; knowledge/skills associated with other professionals; behaviour; organisational practice; and patient benefit. The first three outcomes were closely related to undergraduate education (Freeth et al 2002, Barr et al 2005).

The research outcomes on interprofessional education are varied and equivocal. It is suggested that the reasons for this are the lack of funding for this type of research, the complex nature of the subject, and the collaborative

nature of the research needed across service and educational organisations (Freeth et al 2002, Barr et al 2005). To help to structure the research, planning and evaluation of interprofessional education, an interlinking three-foci model – individual preparation, collaborative teamwork and improving services/quality of care – is suggested (Barr et al 2005).

Aims of the evaluation

Since October 2004, 16 occupational therapy students had experienced 3 weeks of their practice placement, in either the second or the third year of their pre-registration degree, on the training ward. Although the students had participated in the service-based evaluation of the training-ward experience, they had not reported specifically on the advantages and disadvantages of this type of placement learning. To address this, an evaluation was carried out with the students. The objectives were:

- To gather their opinions on the advantages and disadvantages of this placement learning
- To make recommendations for future practice placements.

Method

Following approval by the university research ethics committee, all 16 students who had undertaken a practice placement on the training ward since October 2004 were sent an information sheet and an invitation to participate in the study. Anonymity was assured and, in order to reduce possible bias or students feeling pressured to participate, the evaluation was facilitated by two lecturers not identified with either the training ward or the organisation of placements. The students' opinions were collected using the nominal group technique, which allows participants to put forward their own ideas and also allows a group discussion around the ideas generated. The following sequence was used: group formation, a silent phase, an item-generation phase, a discussion and clarification phase, a voting phase and, finally, a plenary phase. This method allows for the generation of both quantitative and qualitative data (Steward 2001).

At the start of the session, the nominal group procedure was outlined to the participants and the intention to publish key findings was shared prior to gaining written consent. The participants were informed that they would need to make notes as part of the silent phase and that the facilitators would also be making notes throughout the whole group. At the end of the session, the participants were advised that they could either take their notes with them or leave them with the facilitators. The intention to publish key findings was reiterated at this stage.

After the group was formed, the participants were asked, in the silent phase, to identify the key aspects of their learning experience (positive and negative) on the interprofessional training ward. Their answers were shared and, following

discussion and clarification of the items generated, the students voted on the most important items. To do this, each group member chose the eight most important points and ranked each of these items, from one being the least important to six being the most important.

Results

Of the 16 students, four students confirmed attendance at the group but three attended: one had graduated the previous year, having done the placement in her third year, and the other two were in their third year, having done the placement at the beginning of their second year. The students who were on a placement at the time of the study sought permission from their educator to attend.

Table 1. Positive experiences

Positive experiences	Individual rank scores	Total rank scores
1. Appreciation of importance of personalities and interpersonal skills for liaison and communication	6, 4, 6.....	16.....
2. Gaining experience of how other members of the team work	6, 5.....	11.....
3. Good daily MDT meetings included gaining knowledge of illnesses	4, 5.....	9.....
4. Learning about how a ward is run	3, 4.....	7.....
5. Opportunity to experience working with other student professionals.....	5, 2.....	7.....
6. No hierarchy – all are students.....	5.....	5.....
7. Enjoyed shift work as fitted in with other commitments.....	1.....	1.....
	Total ranking.....	56.....

MDT = Multidisciplinary team.

Table 2. Negative experiences

Negative experiences	Individual rank scores	Total rank scores
1. No introduction to practicalities of running the ward	6, 6, 3.....	15.....
2. Not prepared for the amount of nursing care that was involved – hence little OT was done	6, 2.....	8.....
3. Physiotherapy and occupational therapy challenge to provide rehabilitation to people who were actively unwell	5, 3.....	8.....
4. Not able to work without supervisor (OT) due to shift work, for example, at weekends = no OTs	6.....	6.....
5. Was not always a full complement of student disciplines	4.....	4.....
6. Split placement – it is only 3 weeks out of 8 weeks.....	5.....	5.....
7. Some permanent staff did not have the ethos of the training ward as their focus.....	1.....	1.....
	Total ranking.....	47.....

Although the sample was small, valuable qualitative and quantitative data were generated.

Each individual chose eight points and, from this, a total of 21 items was generated. This was refined to a list of 14 positive and negative items, which was agreed by the group. There was an even distribution of seven positive and seven negative items, although they were ranked with different degrees of importance. These items are listed in rank order in Table 1 for positive experiences and in Table 2 for negative experiences. Although the total number of comments is the same for both the positive and the negative experiences, the sum total of the rankings assigned to the positive experiences is greater than that for the negative experiences.

Analysis: The items ranked during the nominal group were reviewed with the notes from the discussion and the participants' notes to identify any comparisons between the items ranked and the notes.

Discussion

Overall, the students' experience of the interprofessional training ward was positive. Gaining an understanding of how interpersonal and intrapersonal skills could affect communication and teamwork was the most highly ranked item, followed by gaining experience of how other team members worked. The first item in Table 1 reflects the discussion about how team members related to each other and 'mucked' in; for example, as one participant recorded:

I met great students ... willing to help each other and take full responsibility for the patients in their care.

The second item is reflected in the following quote:

I was able to have first hand experience of how professionals within that ward worked.

The importance of this learning was emphasised by the participants commenting that when all team members were not present, these aspects of their learning were compromised. Atwal (2002) suggested that a lack of understanding of different professionals' roles as well as a lack of awareness of the different pressures faced by different team members could make communication and decision making problematic.

The students reported that attending the daily handover meetings provided an opportunity to lead meetings, ask questions of each other and increase their professional knowledge of pathology. However, they also experienced how complex communication and group processes could be, as illustrated by one participant:

information from the multidisciplinary team would often get lost and information handed over did not always happen.

With regard to item 6 in Table 1, the students commented that being in a student team without an obvious hierarchy made it easier to question, share knowledge and learn together – ‘we were all students together’ – and, as one student noted, there was an:

openness to learn and question other disciplines without professional and defensive boundaries.

Reynolds (2005) suggested that hierarchies within teams could contribute to communication difficulties; for example, where the thoughts and ideas of some team members were not accorded equal value. As suggested by Freeth et al (2002), more follow-up research is needed to see if these positive attitudes and perceptions of the participants continue into their post-registration work experience.

Being in a ward environment offered the students both positive and negative learning experiences. Gaining an understanding of how a ward was run and developing confidence in approaching different disciplines was valued; for example, one student stated:

I don't feel as nervous about going onto a ward now and approaching a nurse at the drug trolley.

In contrast (see Table 2, items 1 and 2), the students felt unprepared for the experience and routines of the ward and suggested that they needed to be shown more of the practicalities; for example, ‘a patient's bell was ringing ... I did not know where the bell map was to locate the bed’. Linked to this was the feeling that one student was not prepared ‘for the amount of nursing care, that I had to be involved with initially ...’. As a result of feedback at the end of early placements, an induction day was introduced to help in this preparation.

The students identified that working with patients who were not well enough for rehabilitation ‘was a challenge’ (see Table 2, item 3). Although this can be a difficult experience, especially for occupational therapy and physiotherapy students who may be more accustomed to working with active participation from patients, it reflects the potentially complex needs of many patients and the reality of many hospital wards. Such environments can add pressure to interprofessional working (Atwal 2002, Barr et al 2005, Reynolds 2005). Thus, having first-hand experience of working in these environments as a student, with structured supervision, can offer additional learning opportunities to students to develop essential interprofessional teamworking skills. However, this topic is worthy of more research, in particular the long-term effects of such shared learning (Freeth et al 2002).

Limitations of the evaluation

The evaluation does not consider any changes of attitude or perception or the long-term effects of shared placement learning, nor does it consider the learning experiences of the other professions. The results, based on three participants, are not generalisable and may not be representative of all 16 students who had participated in the training ward.

Conclusion

The evaluation identifies both positive and negative learning experiences, including the challenges of working on an inpatient hospital ward. It does suggest that the students experienced valuable learning about interprofessional communication, the appreciation of different team roles and the complexities of teamworking in a changeable care environment. Thus, the learning experience accomplished some of the aims identified by the Department of Health (2000, 2001).

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