

# How to ensure shared learning becomes a reality: a report from a double agent

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It has been nearly 50 years since shared learning and interprofessional practice for personnel in the NHS were placed on the political agenda by the government. Since then there have been a number of worthy, but short-lived, initiatives to try to embed shared learning in the undergraduate curriculum for all health and social care students.<sup>1,2</sup> Several factors worked against the implementation of shared learning including inter-faculty and inter-institutional difficulties, timetabling and curriculum problems and the lack of adequate funding. In the past few years in England many of these issues have been resolved because the Department of Health has given funding to centres to develop shared or common learning programmes. As a result, ventures like the new generation project (where all students on health and social care courses spend a significant part of their programme learning together) at Southampton and Portsmouth universities have started; medical education commentators are waiting to see how this project and other similar ones progress.

The Scottish Executive and the NHS in Scotland has not been as forthcoming with funding to develop shared learning projects but they have been encouraging to any academics who try to develop and integrate shared learning practice in the curriculum. The interest in shared learning is there, as is the understanding that it is vital for the future of the NHS. In his foreword to "The right medicine", Bill Scott, the Chief Pharmaceutical Officer for Scotland, stated: "Whole system working and improving the patient's experience within and across clinical and organisational boundaries, sets a challenge to health care professionals." This idea follows on from "Designed to care — renewing the NHS in Scotland", where it is stated: "Teamwork and cohesion are vital to the delivery of patient care." The establishment of an ethos of co-operative working among health care professionals must ultimately benefit patients. Yet for this to be successful it has to start in the undergraduate teaching curriculum. Only then can the process become embedded in any health care system. "The belief that the effectiveness of patient care will improve through collaboration and teamwork within and between health care teams is pro-

viding a focus internationally for 'shared learning' in health professional education."<sup>3</sup>

During 2003 the school of pharmacy at The Robert Gordon University and the then faculty of medicine at the University of Aberdeen jointly applied for a grant to develop and facilitate shared learning at the undergraduate level between the two universities. The project was funded by a grant from NHS Education for Scotland for one year. I was appointed as the shared learning research fellow. My remit was to research and develop shared learning modules. These were to draw on the commonalities within the two courses to promote common learning strategies. It was hoped that such an approach would serve to inculcate, at the undergraduate level, an awareness of the necessity for a multiprofessional team approach to health care issues.

I had joint status in each university, an office in each institution and access to the curriculum planners at each. Each institution was willing to see the development of shared learning and that meant that there were few problems as I tried to develop courses.

My first task was to run an ethics workshop in interprofessional practice for final year pharmacy and medical students. This event was not compulsory but there was an 80 per cent turn out of students (224 in total) who obviously thought that the topic was worthwhile. These students overwhelmingly supported the ideas of shared learning and believed that more was needed. They also indicated in a questionnaire given to them to gauge their interest that they would have appreciated it earlier in their studies. Several other joint initiatives have been arranged during the year using problem-based learning and virtual learning environments.

One of the great privileges of a shared post is access to the two institutions with the advantages of each. There are also the disadvantages of each to contend with, but these are perhaps not so bad when you can escape to the other institution. I was encouraged from early in the project to attend meetings of the curriculum steering group at the University of Aberdeen as well as a number of year meetings and staff-student meetings. At The Robert Gordon University I quickly became involved in a number of faculty of health and

social care initiatives and attended faculty meetings there. This access to staff and faculty has made it easy to set in place discussions and negotiations to take the project forward. There is a willingness to co-operate at all levels and busy academics are able to find time in their schedules to support the project, provided someone else is able to do the ground work to organise the courses. The sharing of a post of shared learning research fellow means that the development of a common ethos is so much easier because it is synthesised through one person and not being developed by a committee. Yet, at times, as a shared research fellow I feel that I am perceived by some as either a chameleon changing to suit my environment or as a double agent sent to spy for the opposition. On bad days, I see myself as the peacemaker and negotiator between two factions.

The development of shared learning is not a quick, simple or painless process but it is achievable. However what is needed is adequate funding to embed shared learning in the curriculum, a dedicated shared learning person whose role is to develop and implement the courses, support from the institutions at a senior management level and time to implement the courses at all levels of the undergraduate curriculum. With the project in Aberdeen we have all the above in place. We are currently seeking second year funding for the project. Despite positive feedback from the accrediting bodies of both schools, institutional and staff support, without more funding this successful project will, as with earlier pilots, come to nought and the efforts of a multiplicity of individuals will have been wasted.

In summary this pilot project has been successful and has resulted in a number of initiatives. The next stage is to extend the medicine/pharmacy interface of shared learning across more of the curriculum while continuing to develop and evaluate an extension of the shared learning curriculum to other health and social care students. The journey is in its early stages but we know where we are going.

## References

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